

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia, WA 98504-2633

## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 through 43.43.840

(Instructions on Reverse Side)

### A REQUESTING AGENCY/ADDRESS

Agency \_\_\_\_\_

Attn. \_\_\_\_\_

Address \_\_\_\_\_

City, State/Zip \_\_\_\_\_

I certify this request is made pursuant to and for the purpose indicated.

*Susie Arnold*

Authorized Signature

Date

Administrative Coordinator

Title

### B PURPOSE

- ESD/School District Volunteer—no fee  
 Non-Profit Busn./Org.—no fee (Excluding Schools & ESD's)  
 Profit Business/Org—\$10  
 Adoptive Parent—\$10

Fees:

Make payable to Washington State Patrol by cashier's check, money order, or commercial business account.

**NO PERSONAL/CERTIFIED CHECKS ACCEPTED**

### C APPLICANT OF INQUIRY

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Drivers Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

Secondary dissemination of this criminal history record information is prohibited unless in compliance with RCW 10.97.050.

### IDENTIFICATION DECLARING NO EVIDENCE

#### D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)

As of this date, the applicant named below shows no evidence  
Pursuant to RCW 43.43.830 through 43.43.840.

WSP Use Only

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Valid Two Years From Issue

Right Thumb Print (Optional)