REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH $10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK or CASHIER CHECK, PAYABLE TO THE WASHINGTON STATE PATROL.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: ________________________________ Last          First          Middle

Alias/Maiden Name: ________________________________

Date of Birth: __________/_______/_______  Sex: ____________________ Race: ____________________

Month/Day/Year

Social Security Number: ________________________________ Drivers Lic. Number/State _______________/______________

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: _____/_____/_____ (print) Name/Title of Requester

PHONE No. (____) ____________________________ Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Requesting Agency

Name

Address

City  State  ZIP Code

Right Thumb Print (Optional)