



# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633  
Olympia WA 98504-2633  
(360) 705-5100  
<http://www.wa.gov/wsp/wsphome.htm>

## 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 \_\_\_\_\_ /

WSP USE ONLY

### **B** REQUESTER INFORMATION: (Please type or print clearly)

DATE: \_\_\_ / \_\_\_ / \_\_\_ \_\_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. ( ) \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Requester's Signature \_\_\_\_\_

Right Thumb Print (Optional)