

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 43.43.845 (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.

Authorized Signature _____

Date _____

Title _____

B PURPOSE

- 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: _____ Driver's Lic. Number/State: _____ / _____

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

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)

As of this date, the applicant names below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)

INSTRUCTIONS

Please type or print clearly in ink

- SECTION A:** Please type, stamp, or clearly print the address to which our response is to be mailed, and sign.
- SECTION B:** Check appropriate box indicating purpose of request.
Child/Adult Abuse Information: Response limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to a civil action for damages.
- SECTION C:** For our search purposes, please provide as much information as possible. **Name and date of birth are mandatory.**
- SECTION D:** Please type or clearly print Business/Organization requesting information, name and address of applicant of inquiry. A legible inked right thumb print is optional; however, if submitted, it will be used for positive verification. This portion will be returned to the applicant by the requesting agency.
- FEES:** **Make payable to Washington State Patrol by cashier's check, money order, or commercial business account. Personal/certified checks will not be accepted.**
- ADDITIONAL INFORMATION:** **If submitting an applicant fingerprint card, this form is not required.**
- PLEASE MAIL ENTIRE COMPLETED FORM TO: **WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633
Olympia, WA 98504-2633**
- FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT (360) 705-5100.**

This lower portion sent by Requesting Agency to the Applicant

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.