

WASHINGTON STATE PATROL

Identification and Criminal History Section
P.O. 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

Catholic Community Services SW
Agency
Volunteer Services
Attn.
1323 S Yakima Ave
Address
Tacoma, WA 98405
City/State/Zip

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

Authorized Signature

Date

Program Manager
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(s): _____

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 10.79.050

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 43.43.84.

Requesting Agency

Applicant's Signature

Applicants Name

Address

City/State/Zip

WSP Use Only

Valid Two Years From Issue
Right Thumb Print (Optional)
