CP

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 ( ) Area Code/Phone Number

B PURPOSE

Check appropriate box

- ☐ Educational School District (ESD)/School District Volunteer – no fee
- ☐ Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)
- ☐ Profit Business/Organization - $17
- ☐ Adoptive Parent - $17
- ☐ Receive results electronically

Email address

Password (must be at least 8 characters)

Fees: Make payable to **Washington State Patrol** by check, money order, or business account.

Notary letters certifying the results are available upon request. There is an additional $5.00 processing fee per notary seal.

Notarized Letter(s)

C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: Last First Middle

Alias/Maiden Name(s):

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

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

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record 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

Applicant Right Thumb Print (Optional)

3000-240-430 (R 7/09)