WASHINGTON STATE PATROL

Identification and Background Check Section PO Box 42633 Olympia WA 98504-2633 (360) 534-2000 http://watch.wsp.wa.gov



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$16.00 CHECK OR MONEY ORDER. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$12.00 USING A CREDIT CARD.

bject of your inquiry. Positive identification or non-identification can only be effected upon receipt of prints. Applicant may be advised of inquiry. Applicant may be advised of inquiry. Applicant may be advised of inquiry. Applicant's Name: Last First Middle Alias/Maiden Name: Date of Birth: Month/Day/Year Sex: Race: Poate of Birth: Date of Birth: Month/Day/Year None Title of Requestor Provide e-mail to receive background results electronically. Provide e-mail to receive background results electronically. Provide e-mail to receive background results electronically. Password (must be at least 8 characters) REQUESTOR'S ADDRESS: (type or print clearly) Tacoma/South Puget Sound MESA Name 12180 Park Ave. S.					Notarized Letter(s) nd/or description similarity
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