WASHINGTON STATE PATROL

Identification and Criminal History 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 $17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF $26.00. 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 $10.00 USING A CREDIT CARD.***

NOTARIZED LETTERS ARE AN ADDITIONAL $10.00 PER NOTARY SEAL _____ **Notarized Letter(s)**

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. Applicant 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

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ _____ _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. ( )

_____ _____
E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Lower Elwha Klallam Tribe
Name
2851 Lower Elwha Road
Address
Port Angeles WA 98363
City State ZIP Code

Subject's Right Thumb Print (Optional)