

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD

INSTRUCTIONS:

PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH **\$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK OR CASHIER CHECK**, (no personal checks), PAYABLE TO THE WASHINGTON STATE PATROL.

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. Subject may be advised of inquiry.

A SUBJECT INFORMATION: (Please provide as much information as possible in space below)

Applicant's Name _____
Last First Middle

Alias/ Maiden Name: _____

Date of Birth: _____ SEX: _____ RACE: _____
Month/ Day/ Year

Social Security Number: _____ Drivers Lic. Number/ STATE: _____

WSP USE ONLY

B REQUESTER INFORMATION:

DATE: _____
Mo. Day Yr. (print) Name / Title of Requester

PHONE No. () _____
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

Right Thumb Print (optional)