

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 43.43.840

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency LTC OMBUDSMAN
3000 ROCKEFELLER AVE. M/S 305
Attn. EVERETT, WA 98201
(425) 388-7393
Address _____
City / State / Zip _____

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

Michael D. Gauner
Authorized Signature Date

Regional LTC Ombudsman
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: _____

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

~~Social Security Number: _____~~ ~~Drivers Lic. Number/State: _____~~ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

IDENTIFICATION DECLARING NO EVIDENCE

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 43.43.840

WSP Use Only

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City / State / Zip _____

Valid Two Years From Issue

Right Thumb Print (Optional)