

# 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 \$16.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$38.00. 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 \$12.00 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)

Subject's Right Thumb Print (Optional)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code