WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
https://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 FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH $35.00 CHECK OR MONEY ORDER OR 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 FOR $10.00 USING A CREDIT CARD.*

NOTARIZED LETTERS ARE AN ADDITIONAL $5.00 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

Social Security Number: _____ Drivers Lic. Number/State _____ / ____
                    (optional)

WSP USE ONLY

B **REQUESTER INFORMATION:** (Please type or print clearly)

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)
Requesting Agency

_____
Name

_____
Address

_____
City   State   ZIP Code