



WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 705-5100

<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.

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 ADDRESS: (type or clearly stamp address)

Requester's Signature

Requesting Agency _____

Name _____

Address _____

City State ZIP Code

Right Thumb Print (Optional)