



## WASHINGTON STATE PATROL FORM

**PLEASE COMPLETELY READ THE DIRECTIONS BELOW BEFORE FILLING OUT THE WSP FORM**

- Please completely fill out Sections C & D, yes we do need FULL middle names. NO INITIALS
- In the top right hand corner please put the Gender/Grade you will be coaching and if you are an assistant the coach whom you will be assisting. If you are a referee please put Referee/Umpire and the sport in which you will be refereeing/umpiring.
- When Sections C & D are completely filled out, return to the office in person at 700 Main Street #111, Edmonds WA 98020, via mail to PO Box 505, Edmonds WA 98020 or fax at 425-776-0607.
- If you have any questions or concerns call the office: 425-775-2633

# 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 43.43.845

(Instructions on Reverse Side)

**A**

### REQUESTING AGENCY/ADDRESS

Agency \_\_\_\_\_

Attn \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_

**B**

### PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

**Fees:** Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

**C**

### APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_

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

**D**

### IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)