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**

BLACK HILLS JUNIOR FOOTBALL LEAGUE
Agency

CHARLES FARRAR
Attn

226-B 700 SLEATER-KINNEY ROAD SE
Address

LACEY, WA 98503
City/State/Zip

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

Authorized Signature Date

League President (360) 456-3114
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 - $17
- ☐ Adoptive Parent - $17
- ☐ Receive results electronically

Email address _____

Password _____ (must be at least 8 characters)

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

Notary letters certifying the results are available upon request. There is an additional $5.00 processing fee per notary seal.

_____ **Notarized Letter(s)**

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

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

D **WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record 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

Applicant Right Thumb Print (Optional)

3000-240-430 (R 7/09)