

# 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)

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>_____ Title ( ) Area Code/Phone Number</p>	<p><b>B PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b></p> <p>_____ Notarized Letter(s)</p>
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**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**

WSP Use Only

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

\_\_\_\_\_  
Applicant Right Thumb Print (Optional)

## **MAIL COMPLETED FORM TO:**

WASHINGTON STATE PATROL  
IDENTIFICATION AND CRIMINAL HISTORY SECTION  
PO BOX 42633  
OLYMPIA WA 98504-2633

**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:**

**PHONE: (360) 534-2000**

**E-MAIL: [watch.help@wsp.wa.gov](mailto:watch.help@wsp.wa.gov)**

**WSP WEB SITE: <http://www.wsp.wa.gov>**

*Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.*

**WATCH WEB SITE: <https://watch.wsp.wa.gov>**

## **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES**

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

**1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.***

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

**Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97**

**2. *Applicants must be notified an inquiry may be made.***

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.

**3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.***

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

**4. *Applicants must be notified of the response.***

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

**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.**