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

CATHOLIC FAMILY AND CHILD SERVICE
Agency

Senior Companion Program
Attn

2110 W. Henry Street
Address

Pasco, WA 99301
City/State/Zip

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

Authorized Signature — Date

Dorothy Morales, Elder Services Director — (509) 965-7100
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 - $35
- ☐ Adoptive Parent - $35

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: _____ (Month/Day/Year) Sex: _____ Race: _____

Driver's Lic. Number/State: _____ / _____

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.

Senior Companion Program
Requesting Agency

_____
Applicant's Signature

_____
Applicant's Name

_____
Address

_____
City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)