**REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION**

**WASIS/NCIC III CHECK NCIC/WACIC CHECK**

[ ]  Routine [ ]  Urgent Date:

**Type of request:**

[ ]  Classification update [ ]  Visitor re: incarcerated individual [ ]  Volunteer

[ ]  Intake       [ ]  Contract employee

[ ]  PSI [ ]  Furlough sponsor [ ]  Prospective employee

[ ]  ESR/Risk [ ]  Update Field file [ ]  Firearms requalification

[ ]  OOS investigation [ ]  Update Central file [ ]  Vendor/maintenance worker

[ ]  Release/ORP/parole investigation [ ]  Wants and Warrants [ ]  Other:

|  |
| --- |
| **REQUIRED DATA** |

Legal name (Last, First, Middle) Date of birth DOC number

Sex at birth Race SID number FBI number

|  |
| --- |
| **OTHER DATA** |

Maiden name/alias Birthplace

Maiden name/alias Citizenship

Maiden name/alias Hair Eyes

SSN Height Weight

Current Washington State Driver license [ ]  Yes [ ]  No License number:

If driver’s license is issued from another state, list which state:

**Mail stop:**

**Address of submitting office** (if no mail stop)

**[ ]  INTAKE/FOS - CASE MANAGER SUBMIT FINGERPRINT CARDS TO YOUR LOCAL RECORDS OFFICE**

|  |
| --- |
| **REQUESTER** |

      

Name Signature

Title Date

       :

 Date Initials

**Employment** and **Visitor** requests only:

Clear Criminal History (NCIC/WACIC) [ ]  Yes [ ]  No Clear Criminal History (JABS) [ ]  Yes [ ]  No

Clear Wants and Warrants [ ]  Yes [ ]  No Clear Statewide Visit System [ ]  Yes [ ]  No

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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