

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION WASIS/NCIC III CHECK NCIC/WACIC CHECK

☐ Routine ☐ Urgent	Date	e:	
Type of request:			
Intake Furl	ough sponsor D	☐ Volunteer☐ Contract employee☐ Prospective employee	
ESR/Risk Upd	late Field file	irearms requalification	
		endor/maintenance worker ther:	
		<u>-</u>	
	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	s 🗌 No License number:		
If driver's license is issued from another state, list	t which state:		
Mail stop:			
Address of submitting office (if no mail stop) _			
_			
☐ INTAKE/FOS - CASE MANAGER SUBMIT F	FINGERPRINT CARDS TO YOUR LOCA	AL RECORDS OFFICE	
	REQUESTER		
Name	Signature		
Title	Date		
Employee of a 1Marton on the state of	Date	Initials	
Employment and Visitor requests only:		IABS) D Vac D Na	
Clear Criminal History (NCIC/WACIC) Yes	☐ No Clear Criminal History (J		
Clear Wants and Warrants	No Clear Statewide Visit Sy	stem	
The contents of this document may be eligible for public will be redacted in the event of such a request. This form			
Distribution: ORIGINAL - Imaging file COPY -	As applicable		

DOC 05-370 (Rev. 03/04/22) E-form Scan Code VS11 Scan & Toss

Page 1 of 1

DOC 390.590, DOC 400.320, DOC 450.310, DOC 530.100, DOC 590.320, DOC 810.015