|  |  |  |
| --- | --- | --- |
| C:\Users\dllordier\Desktop\doc-logo-black.png |  | **REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION**  **WASIS/NCIC III CHECK NCIC / WACIC CHECK** |

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| --- | --- | --- | --- |
| Routine | Urgent | Date of Request: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Request: | Classification Update | Visitor re: | | | Volunteer | |
|  | Intake | Offender |  |  | 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:** | | | | | |
| DOC Number | SID Number | FBI Number | | Full Legal Name (Last, First, Middle) | |
| Date of Birth | | | Sex | | Race |

|  |  |  |
| --- | --- | --- |
| **OTHER DATA:** | | |
| Maiden Name / Alias | Birthplace | |
| Maiden Name / Alias | Citizenship | |
| Maiden Name / Alias | Hair | Eyes |
| SSN | Height | Weight |
| Current Washington State Driver's License  Yes  No | License Number: | |

|  |  |
| --- | --- |
| **Mail Stop:** |  |

|  |  |
| --- | --- |
| **Address of Submitting Office (if no mail stop)** |  |
|  |  |

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| --- |
| **INTAKE/FOS – CCO SUBMIT FINGERPRINT CARDS TO YOUR LOCAL RECORDS OFFICE.** |

|  |  |  |
| --- | --- | --- |
| **PERSON MAKING REQUEST:** | | |
| Name(Print) | Title | Date |

|  |  |  |
| --- | --- | --- |
|  | : |  |
| Date |  | Initials |

Check boxes for **Employment** and **Visitor** requests only.

|  |  |
| --- | --- |
| Clear Criminal History | Yes  No |
| Clear Wants and Warrants | 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 00-03, RCW 42.56, and RCW 40.14.**