RESET

(Clears all Fields in the Form)

PUBLIC HOUSING BACKGROUND CHECK REQUEST

WASHINGTON STATE PATROL

Criminal Records Division

FAX to: (360) 534-2073 or Mail to: WSP Identification Section Inquiry Unit
PO Box 42633
Olympia WA 98504-2633
E-Mail to: HUD@wsp.wa.gov

Provide the following information as completely and accurately as possible. The quality of the information provided determines the speed and accuracy of the response received.

Applicant Information — Please type or clearly print legibly in black ink.

Last Name: _____

First Name: _____

Middle Name: _____

Suffix (Jr., Sr.): _____

Maiden/Alias: _____

Date of Birth: __ __ - __ __ - __ __ (M M D D Y Y) Sex: __ (M/F) Race: __ (W/B/A/I/U)

SSN#: ___ - __ - ____ (optional)

Driver's Lic. #: _____

State: __

Requester Information

Agency: _____ ORI _____

Requester Name/Office: _____ Date: _____

Phone No. ( ) _____ Fax No. ( ) _____

NOTE: Agency personnel should complete this form. Refer to candidate's driver's license or official identification card for required information.