

WASHINGTON STATE PATROL

Identification and Criminal History Section

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: Please complete this form when requesting **CONVICTION** criminal history record information from the identification and criminal history section.

THIS IS PROVIDED AT **NO COST** FOR NON-PROFIT OR NOT-FOR-PROFIT ORGANIZATIONS.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
last first middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

SSN: _____ Drivers Lic. Number/State: _____ / _____

Have you ever been convicted of a crime _____ If so when _____ What State _____

Have you ever had findings made against you in any civil adjudicative proceeding _____

How long have you lived in Washington State _____ Where did you live before

Washington State _____ How long did you live there _____

Applicant's Signature: _____

Please return filled out background check form to EYBS

REQUESTER INFORMATION: (Please type or print clearly)

DATE: _____ / _____ / _____
Month/Day/Year

Ellensburg Youth Baseball & Softball (EYBS)
Requesting Agency

Name/Title of Requester

Requester's Signature

Agency Address: P.O. Box 1471 Ellensburg WA 98926
Street Address City State Zip

Agency Web Address: ellensburgbaseball.com