

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p><b>(A) REQUESTING AGENCY/ADDRESS</b></p> <p>The Red Barn Association</p> <hr/> <p>Agency</p> <p>Kellie Bennett</p> <hr/> <p>Attn</p> <p>15921 84th St NW</p> <hr/> <p>Address</p> <p>Lakebay, WA 98349</p> <hr/> <p>City/State/Zip</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I certify this request is made pursuant to and for the purpose indicated.</p><div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"><div style="text-align: center;"> Authorized Signature</div><div style="text-align: center;"><u>8-25-22</u> Date</div></div><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;">Executive Director Title</div><div style="text-align: center;">( 253 ) 884-1594 Area Code/Phone Number</div></div></div>	<p><b>(B) PURPOSE</b></p> <p>Check appropriate box</p> <div style="margin-top: 10px;"><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</div> <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</div> <div style="margin-top: 5px;"><input type="checkbox"/> Profit Business/Organization - \$17</div> <div style="margin-top: 5px;"><input type="checkbox"/> Adoptive Parent - \$17</div> <div style="margin-top: 5px;"><input type="checkbox"/> Receive background results electronically</div> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p style="text-align: right;">_____ Notarized Letter(s)</p>
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<b>(C)</b>	<p><b>APPLICANT OF INQUIRY</b> (Please provide as much information as possible; name and date of birth are mandatory.)</p> <p>Applicant's Name: _____</p> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><span>Last</span><span>First</span><span>Middle</span></div> <p>Alias/Maiden Name(s): _____</p> <p>Date of Birth: _____ Sex: _____ Race: _____</p> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><span>Month/Day/Year</span><span></span><span></span></div> <p style="font-size: small; margin-top: 10px;">Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.</p>
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<b>(D)</b>	<p><b>WASHINGTON STATE PATROL IDENTIFICATION &amp; CRIMINAL HISTORY SECTION</b></p> <p>As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.</p> <p>The Red Barn Association</p> <hr/> <p>Requesting Agency</p> <hr/> <p>Applicant's Signature</p> <hr/> <p>Applicant's Name</p> <hr/> <p>Address</p> <hr/> <p>City/State/Zip</p>
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