



**Washington State Patrol**  
**Request for Criminal History**  
**Child/Adult Information Act RCW § 43.43.830-45**

Form can be mailed to:

PO Box 18703  
Spokane, WA 99228

Form can be emailed to:

[projectidspokane@gmail.com](mailto:projectidspokane@gmail.com)

Form may be dropped off at:

1412 W. Central Ave.  
Spokane, WA 99208

**Organization Name: Project id, Inc.**

**Please complete all lines. Please print legibly.**

**Name:** \_\_\_\_\_  
*Last First Middle*

**Alias/Maiden Name(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Race:** \_\_\_\_\_  
*Month/Day/Year*

**Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
*City State Zip*

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_