

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

REQUESTING AGENCY

Company Name: _____ Date: _____

Requested By: _____ Title: _____

APPLICANT OF INQUIRY

Applicant's Name: _____
Last First Middle

Alias/Maiden Name _____

Date of Birth: ____/____/19____ Sex: Male ____ Female ____

Social Security Number: ____-____-____

Driver's License Number: _____ / _____

I authorize ATS to investigate my criminal history, which is required pursuant to performing duties under their contract. I hereby release from liability ATS and its representatives for seeking such information and all other persons, corporations, organizations for furnishing such information.

Applicant Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Request Received: _____ Date Request Submitted: _____

Date Record Received: _____ Date Record Returned to Requesting Agency: _____

Applicant ____ is ____ is not qualified. Record attached.