



DSHS Request for Positive Identification – Thumbprint

No fee required.

DSHS Information	
Date (MM/DD/YYYY)	Name / Office (ACCOUNT INFORMATION)
BCCU Phone Number (include area code) ()	BCCU Inquiry Identification
Address DSHS Background Check Central Unit PO Box 45025 Olympia WA 98504-5025	
Applicant Instructions	
<ol style="list-style-type: none"> Take this form to any local law enforcement agency to request a thumbprint. The law enforcement agency will use this form to capture your thumbprint. Return this completed form to the Washington State Patrol (WSP) for processing. WSP will return the thumbprint results to the DSHS, Background Check Central Unit. <p>Washington State Patrol Identification and Background Check Section PO Box 42633 Olympia WA 98504-4263</p>	

Name (LAST, FIRST, MIDDLE)	Date of Birth (MM/DD/YYYY)	<u>Right Thumbprint</u>
Alias / Maiden Name(s)		

<p><u>ATTENTION WSP Background Check Section</u></p> <p>This is a request for conviction criminal history record. Please compare thumbprint against the following SID number(s) and check the box, if applicable:</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><u>WSP Use</u></p>
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