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|  | DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  **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** | | | | | |
| 1. 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. 2. 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.   **Washington State Patrol**  **Identification and Background Check Section**  **PO Box 42633**  **Olympia WA 98504-4263** | | | | | |
|  | | | | | |
| Name (LAST, FIRST, MIDDLE) | | | Date of Birth (MM/DD/YYYY) |  | **Right Thumbprint** |
| Alias / Maiden Name(s) | | | |
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| **ATTENTION WSP Background Check Section**  This is a request for conviction criminal history record. Please compare thumbprint against the following SID number(s) and check the box, if applicable: | | | **WSP Use** | | |