

WAC 446-20-430 Certification request.

INSTRUCTIONS

This form is for agencies requesting certification for access to Criminal History Record Information (hereinafter referred to as "CHRI").

REQUEST FOR CERTIFICATION

1. Agency making request:
 - a. Name:
 - b. Address:
Street City State Zip
 - c. Telephone Number: (.....).....
Area Code
 - d. Official or employee who should be contacted concerning the application.
 - 1) Name:
Last First Middle Title
 - 2) Address:
Street City State Zip
 - 3) Telephone Number: (.....).....
Area Code
2. Cite specifically the statutory or regulatory provisions which establish your agency as a governmental agency, and the provisions which indicate your agency's need for CHRI.
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State/ Federal Statute	Chapter/Title Number	Section Number	Paragraph Number
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3. Attach a copy of the above provision(s) to this application and indicate, by marking, the specific language upon which you base your request.
4. State your agency's need for access to CHRI relative to the above cited provisions.

I hereby affirm that all facts and representations made in this document are true and accurate to the best of my knowledge, information and belief.

.....
Signature of person filling out form

.....
Title

.....
Date

[Statutory Authority: RCW 10.97.080 and 10.97.090. WSR 80-08-057 (Order 80-2), § 446-20-430, filed 7/1/80.]