Old Capitol Building PO Box 47200 Olympia, WA 98504-7200



k12.wa.us

Request for Electronic Applicant Submission

ORI		FEE		
WA920310Z		\$50.00		
REASON FINGERPRINTED	/C / /20 A /	22 D.C.M		
School District Emple	oyees/Contractors/28A.4	00 RCW		
ORIGINATING CONTRIBUTIN	G AGENCY			
OSPI -				
CONTACT NAME				ACT TELEPHONE NUMBER
		(360		370-7904
APPLICANT INFORM	IATION			
*NAME LAST	FIRST		MI	*PLACE OF BIRTH
ALIAS				
*DATE OF BIRTH	*RACE			*SEX
				Male Female Unknov
*EYE COLOR	*HAIR COLOR	*HEIGH	Т	*WEIGHT
HOME ADDRESS		CITY	STATE ZIP	CONTACT PHONE
		 .	37.112 2	()
*SCHOOL DISTRICT OR PRIVATE SCHOOL NAME				*CERTIFICATION APPLICANT
				Yes No
EMPLOYER ADDRESS	CITY	STAT	E	ZIP
*MANDATORY INF	-ORMATION			
LIVE-SCAN SITE IN	IFORMATION			
ORI NUMBER			LEVEL OF SERVIC	CE
			State s	search FBI search Both
If resubmission, or	iginal TCN Number:			
NAME OF LIVE SCAN OPERA	TOR			DATE