

NGSSA Washington State Patrol WATCH Program



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

**NGSSA
PO Box 235
Bothell, WA 98041**

I certify this request is made pursuant to and for the purpose of obtaining information allowed to organizations by the above cited RCW and that this information will be used only for making the decision to allow the applicant to act as a NGSSA volunteer and for no other purpose. If the information supplied below is insufficient to confirm applicant's identity, applicant will be supplied another release form for a more detailed records check.

Miles Roscher, President, NGSSA

Last name	First name	Middle name (or initial)
Alias/Maiden name	Date of birth	Driver's license/state

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

CRIMES AGAINST PERSONS:

Murder; Kidnapping; Assault; Assault of a child: Custodial assault; Harassment; Stalking; Reckless endangerment; Coercion; Rape; Rape of a child; Robbery; First degree arson; First degree burglary; Residential burglary; Manslaughter; Extortion; Indecent liberties; Incest; Vehicular homicide; Vehicular assault; Promoting prostitution; Communication with a minor for unlawful purposes; Unlawful imprisonment; Sexual exploitation of minors; Criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; Custodial interference; Child molestation; Sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Violation of child abuse restraining order; Child buying or selling; Prostitution; Felony indecent exposure; etc.

CRIMES AGAINST PROPERTY:

Theft of money; Auto theft; Fraud; Perjury; Second degree burglary; Vehicle prowling; Possession of stolen property; Criminal trespass; Arson; etc.

DRUG-RELATED CRIMES:

'Crimes relating to drugs' means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

I declare under penalty of perjury under the laws of the State Of Washington that the foregoing is true and correct.

Signature

Date

Complete and sign this form. Mail to above address or submit to compliance@ngssa.org (or any board member).