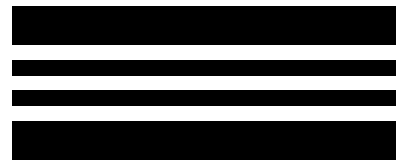




Professional License Criminal Conviction Screening Request



If you have any criminal convictions within the past 5 years, they may affect your ability to get licensed. For some license types, you can request a free review before you apply.

Mail this completed request to:

Department of Licensing
PO Box 9020
Olympia WA 98507-9020



For questions or language help call: 360.664.6645

What you'll need

- Information about your convictions within the past 5 years, including date, jurisdiction, and description of your conviction
- You don't need to report traffic convictions, such as DUI

Gather your files *(optional)*

- Supporting documents regarding your convictions

License information

TYPE or PRINT Profession	License type
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Personal information

Full legal name <i>(First, Middle, Last)</i>		Date of birth <i>(mm/dd/yyyy)</i>	
10-digit phone number	Email		
Mailing address <i>(Street address or PO Box number)</i>			
City	State	ZIP code	County

Criminal convictions information

1 Type of conviction <input type="checkbox"/> Gross Misdemeanor <input type="checkbox"/> Felony	
Conviction	
Date of conviction <i>(at least month and year)</i>	State or jurisdiction where convicted
Description of conviction	
2 Type of conviction <input type="checkbox"/> Gross Misdemeanor <input type="checkbox"/> Felony	
Conviction	
Date of conviction <i>(at least month and year)</i>	State or jurisdiction where convicted
Description of conviction	

Criminal convictions information *(continued)*

3 Type of conviction <input type="checkbox"/> Gross Misdemeanor <input type="checkbox"/> Felony	
Conviction	
Date of conviction <i>(at least month and year)</i>	State or jurisdiction where convicted
Description of conviction	
4 Type of conviction <input type="checkbox"/> Gross Misdemeanor <input type="checkbox"/> Felony	
Conviction	
Date of conviction <i>(at least month and year)</i>	State or jurisdiction where convicted
Description of conviction	

Attach additional pages if you need more room.

Supporting documents *(optional)*

Attach any supporting documents you may have.

Certification

<p>I certify that: <i>(check all that apply)</i></p> <p><input type="checkbox"/> All information submitted on my criminal convictions and attachments is true and accurate.</p> <p><input type="checkbox"/> I understand a positive decision related to this screening won't guarantee me a license.</p> <p><input type="checkbox"/> I understand this criminal conviction screening doesn't get me a license. I still need to apply for a license.</p> <p><input type="checkbox"/> I understand during the review of my license application, DOL may find reasons other than my convictions to deny my license.</p> <p><input type="checkbox"/> I understand during the review of my license application, DOL may find new information about my convictions that may result in denying my license.</p>

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____	TYPE or PRINT Name
_____	X
Date and place	Applicant signature