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SEX/KIDNAPPING OFFENDER REGISTRATION

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TYPE OF REGISTRATION

- SEX OFFENDER REGISTRATION
- KIDNAPPING OFFENDER REGISTRATION
- SEX/KIDNAPPING OFFENDER REGISTRATION

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SIGNATURE OF PERSON FINGERPRINTED

SOCIAL SECURITY NUMBER

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ALIASES/MAIDEN
LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

INFORMATION PROVIDED ON THIS CARD MAY BE COMPUTERIZED IN LOCAL, STATE AND FEDERAL FILES

FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH: MM/DD/YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING		5. R. LITTLE			
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING		10. L. LITTLE			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				

WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION

P.O. BOX 42633
OLYMPIA, WA 98504-2633

PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.

INSTRUCTIONS

1. REGISTRATION SUBMISSION REQUIRES SOR REGISTRATION FINGERPRINT CARD AND A PHOTOGRAPH, PURSUANT TO RCW 9A.44.130.
2. SHERIFF'S OFFICE MUST SUBMIT REGISTRATION TO THE WASHINGTON STATE PATROL WITHIN 5 DAYS.
3. ON BACK OF PHOTOGRAPH, INCLUDE REGISTRANT'S NAME AND DOB.

WHO MUST REGISTER

ANY INDIVIDUAL IN THIS STATE WHO HAS BEEN FOUND TO HAVE COMMITTED OR HAS BEEN CONVICTED OF ANY SEX OFFENSE OR KIDNAPPING OFFENSE, OR WHO HAS BEEN FOUND NOT GUILTY BY REASON OF INSANITY UNDER CHAPTER 10.77 RCW, AS DESCRIBED IN RCW 9A.44.130.

REASON FOR REGISTRATION: <input type="checkbox"/> RESIDENT OF WA <input type="checkbox"/> NON-RESIDENT OF WA <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> STUDENT	REGISTRATION DATE: ENDING REGISTRATION DATE:	ORI: CONTRIBUTOR: ADDRESS:	
RISK LEVEL CLASSIFICATION: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	DATE OF CONVICTION:	PLACE OF BIRTH (STATE OR COUNTRY):	COUNTRY OF CITIZENSHIP:
PLACE OF CONVICTION:	SCARS, MARKS, TATTOOS, AND AMPUTATIONS:		
CONVICTION(S) RESULTING IN REGISTRATION:		SEXUAL PREDATOR: YES <input type="checkbox"/> NO <input type="checkbox"/>	DNA AVAILABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>
OFFICIAL TAKING FINGERPRINTS:	LOCAL IDENTIFICATION/NUMBER:	CAUTION AND MEDICAL CONDITIONS:	

CURRENT RESIDENCE OF PERSON BEING FINGERPRINTED

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NO: _____

OCCUPATION: _____ EMPLOYER: _____ EMPLOYER STREET ADDRESS: _____

EMPLOYER CITY: _____ STATE: _____ ZIP CODE: _____ PHONE NO: _____

ADDITIONAL INFORMATION

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