**Identification and Background Check Section**

**106 11TH Ave SW Ste 1300, Olympia WA 98501**

**PO Box 42633, Olympia WA 98504-2633**

**(360) 534-2000 x 2**

[**https://watch.wsp.wa.gov**](https://watch.wsp.wa.gov)

**Compromised Identity Claim (CIC)**

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| **Claimant Instructions** |

***Please prepare documents listed below before taking them***

***to your local law enforcement office.***

1. $58.00 fee – Personal check or money order made out to the Washington State Patrol.

2. 2 x 2 passport photo – It is recommended that you obtain a professional passport photo. Or follow U.S. Government passport photo requirements found on the [travel.state.gov](https://travel.state.gov/content/travel.html) website. Click on “Get a U.S. Passport,” then “Submitting a good photo.” These will be rejected if not correct.

3. Your government-issued photo ID.

4. Pages 1, 2, and 3 of this form - with Section A completed by you, except for signature.

5. 9 x 12 (or larger) envelope with pre-paid postage or stamps – fingerprint card cannot be folded.

6. Fingerprinting service – Your prints will be taken by your local law enforcement agency. Most law enforcement agencies will charge a fee for this service.

In front of a law enforcement, you will sign the fingerprint card and the Compromised Identity Claim document found on **Page 3 – Section A**.

To ensure the chain of custody, the law enforcement agency will need to place the documents listed above into the pre-paid envelope. Please make sure that law enforcement stamps the envelope with their agency stamp so we know it was mailed by them and not you.

The finished Compromised Identity Claim (CIC) Card will be returned to the address provided on page 3 - Section B, along with a letter detailing the results of your fingerprint search.

When the finished documents are returned to you, we would advise keeping the finished CIC Card and letter in your wallet. Any time you are having a name and date of birth based background check done, you will want to provide a copy of the front and back of the competed CIC Card. We would advise showing a copy of the CIC Card to law enforcement anytime you are asked for ID.

***LEO’s: Please read through the following instructions.***

***Please call with any questions.***

1. Please verify the identity of the individual with a government-issued photo ID, recording this information on the line provided on **Page 3 – Section B** - law enforcement portion of the Compromised Identity Claim (CIC) form.

2. Fingerprint the person on an FD-258 card or equivalent.

3. Sign and date the fingerprint card.

4. Complete and sign the law enforcement portion of **Page 3 – Section B.**

5. Have the claimant sign the fingerprint card and signature line on **Page 3 – Section A.**

6. To ensure the integrity of the fingerprints and chain of custody, please seal the fingerprint card, CIC form (page 3), passport photo, and $58 fee in a pre-paid envelope provided by customer.

**Do not give documents back to claimant, even if in a sealed envelope.**

Please mail to:

Washington State Patrol

Identification and Background Check Section

PO Box 42633

Olympia WA 98504-2633

For more information or if you have questions regarding this form, please contact the Background Check Unit at **(360) 534-2000, option 2** – **8 a.m. to 5 p.m., Monday through Friday (closed 12-1)** **watch.help@wsp.wa.gov****.**

**Forms can be found online at** [**https://watch.wsp.wa.gov**](https://watch.wsp.wa.gov)–Forms – FAQ – #12 – Compromised Identity Claim.

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| **Section A Claimant’s Personal Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |       |       |       |
|  | *Last* | *First* | *Middle* |
| Address |       |       |
|  | *Street Address* | *Apartment/Unit #* |
|  |       |       |       |
|  | *City* | *State* | *ZIP Code* |
| List any other names you have used:  |       |
| Birth Date |       |  | E-Mail |       |
| Phone | (     )       |  |
|  |
| I understand, by signing and submitting this form, my personal information will be available to the public for the purpose of inquiry through a background check request.  I may request in writing that this information be removed from the Washington State Patrol Criminal History database at any time.  |
| **Claimant Signature** |  |  | **Date** |       |
|  | Must be signed in front of Law Enforcement Official |  |  |  |

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| **Section B Law Enforcement Agency Use Only** |
| Type of photo ID verified? |  | Photo ID number: |  |
| Name of official taking fingerprints: |  | ORI: |  |
| Signature of official taking fingerprints: |  | Date: |  |
| Contact Phone Number: |  |

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|  **For Use by WSP Only** |

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| --- | --- | --- | --- | --- | --- | --- |
| Possible SID # | FP Tech | Date |  | Issue Date |  |  |
|  |  |  |  | CRT Initials |  |  |
|  |  |  |  | Verified SID |  |  |
|  |  |  |  |  |
|  |
|  |  |  |  | Archive |  |  |
|  |  |  |   | SID # |  | FBI# |  |  |
|  |  |  |   | DOA 00 / 00 / 0000 |