



WASHINGTON STATE GAMBLING COMMISSION
 LOCATION: 4565 7th Avenue SE, Lacey WA 98503
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 TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3630
 TOLL-FREE IN-STATE: 1-800-345-2529 – TDD: 360-486-3637
 EMAIL ADDRESS: publicdisclosure@wsgc.wa.gov
 WEB SITE: www.wsgc.wa.gov

For Agency Use Only
Date / Time Received: _____ / _____
Received by: _____

REQUEST TO INSPECT

- Complete Items (1) and (2). (Type or Print)
- Read the [RCW](#) and [WAC](#) reprints and sign the agreement (Item (3)) below.
- Please sign, date, and return this form. This is required to be returned in person at our Administrative Office.

PERSON REQUESTING INFORMATION

(1) Last Name: _____
 First Name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 @ _____
 Day Telephone: _____-_____-_____-_____-_____ Fax: _____-_____-_____-_____-_____

(2) I, _____,
 request to inspect or receive a copy of my criminal history record information maintained by the Washington State Gambling Commission.
 I was born _____-_____-_____-_____ (Date of Birth), in
 _____ (Place of Birth),
 and to ensure positive identification as the person in question, I am willing to submit my fingerprints if requested. Otherwise I will submit two forms of legal identification, one of which will include a picture.

AGREEMENT

(3) I am requesting to inspect the above record(s) under [RCW 10.97.080](#) and [WAC 230-21-030](#) or receive a copy of the above record(s). I agree that I will be charged a reasonable fee for fingerprinting, if requested, and copies of any records I request.

_____-_____-_____-_____-_____ Requestor's Signature _____-_____-_____-_____-_____ Date

I need assistance to review my criminal history record information; I designate the person below to assist me.

Designee's Name: _____

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Request Approved / Disapproved By: _____
 Records Officer or Designee

ID Verified Date: _____-_____-_____-_____-_____

Reason for Refusal: _____

APPLICANT NOTIFICATION AND RECORD CHALLENGE: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating a FBI identification record are set forth in [Title 28, CFR, 16.34](#).

[RCW 10.97.080](#) INSPECTION OF INFORMATION BY SUBJECT — CHALLENGES AND CORRECTIONS.

All criminal justice agencies shall permit an individual who is, or who believes that he or she may be, the subject of a criminal record maintained by that agency, to appear in person during normal business hours of that criminal justice agency and request to see the criminal history record information held by that agency pertaining to the individual. The individual's right to access and review of criminal history record information shall not extend to data contained in intelligence, investigative, or other related files, and shall not be construed to include any information other than that defined as criminal history record information by this chapter.

Every criminal justice agency shall adopt rules and make available forms to facilitate the inspection and review of criminal history record information by the subjects thereof, which rules may include requirements for identification, the establishment of reasonable periods of time to be allowed an individual to examine the record, and for assistance by an individual's counsel, interpreter, or other appropriate persons.

No person shall be allowed to retain or mechanically reproduce any nonconviction data except for person who is the subject of the record. Such person may retain a copy of their personal nonconviction data information on file, if the criminal justice agency has verified the identities of those who seek to inspect them. Criminal justice agencies may impose such additional restrictions, including fingerprinting, as are reasonably necessary both to assure the record's security and to verify the identities of those who seek to inspect them. The criminal justice agency may charge a reasonable fee for fingerprinting or providing a copy of the personal nonconviction data information pursuant to this section. The provision of chapter [42.56](#) RCW shall not be construed to require or authorize copying of nonconviction data for any other purpose.

The Washington state patrol shall establish rules for the challenge of records which an individual declares to be inaccurate or incomplete, and for the resolution of any disputes between individuals and criminal justice agencies pertaining to the accuracy and completeness of criminal history record information. The Washington state patrol shall also adopt rules for the correction of criminal history record information and the dissemination of corrected information to agencies and persons to whom inaccurate or incomplete information was previously disseminated. Such rules may establish time limitations of not less than ninety days upon the requirement for disseminating corrected information.

[WAC 230-21-030](#) INSPECTING YOUR CRIMINAL HISTORY RECORD INFORMATION. You may inspect your criminal history record information (CHRI), held by us at our administrative office, during normal business hours, Monday through Friday, except for legal holidays. You must request your CHRI in writing on the form we require. CHRI is defined in [RCW 10.97.030](#).

1. Before reviewing or obtaining copies of your CHRI, you must first provide at least two forms of identification, one of which includes your photograph, such as your state issued identification, state issued driver's license, or passport. Alternatively, you must provide fingerprints that will be taken at our administrative office and will be used for verification purposes.
2. We will charge a reasonable fee for fingerprinting and providing a copy of your CHRI.
3. After we verify your identity, we will notify you when you will be allowed to review your records.
4. You will be allowed a reasonable period of time to examine your CHRI at our administrative office.
5. If you need assistance, you may designate your counsel, interpreter, or other appropriate person to help you. You must consent, on the form we require, for the person to assist you.
6. If you would like to make corrections or challenge your CHRI, you must do so in compliance with [RCW 10.97.080](#).