



STATE OF WASHINGTON

GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TO: Local Law Enforcement Agency

The bearer of this letter has applied to the Washington State Gambling Commission to conduct or participate in regulated gambling activities in this state.

Pursuant to the provisions of RCW 9.46.070, we ask that you fingerprint this applicant using the enclosed card.

Please do not fingerprint the applicant until you have established his or her true identity.

If you are ink rolling, please roll applicant twice.

Fingerprinting fees are to be paid by the applicant at the time of printing. Please sign and date in the appropriate areas.

We thank you for your assistance and appreciate your cooperation. If you have any questions regarding the applicant or the validity of their request, please contact this agency at either our toll-free number 1-800-345-2529 or (360) 486-3440, ext. 2331.

Shaded areas are to be filled out by the individual being fingerprinted:

APPLICANT <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O		R		I		DATE OF BIRTH DOB Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		HGT. WGT. EYES HAIR PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU	
REASON FINGERPRINTED										CLASS _____ REF _____	