



WASHINGTON STATE PENITENTIARY FACILITY CLEARANCE

Date: _____
 Requested By: _____ Department: _____
 Date of Access: _____ Location of Access: _____
 Purpose/Justification: _____

THIS SECTION MUST BE COMPLETED			
NAME: (Last)		(First)	(Middle)
MAIDEN NAME, ALIAS OR NICKNAME(S):			
SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	SSN:	DOB: (Month/Day/Year)	
Hair Color:	Eye Color:	Height:	Weight:
Race:	Drivers License #:	State of Issue:	State/Country of Birth:
Do you have a criminal history? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have any friends or family members who are incarcerated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Convicted felon: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, who and where?	
Other: _____			

NCIC	PAS CHECK
<input type="checkbox"/> Clear <input type="checkbox"/> Warrant <input type="checkbox"/> Criminal History	<input type="checkbox"/> Misdemeanor charges/convictions <input type="checkbox"/> Restraining/no contact order <input type="checkbox"/> Felony charges/convictions
MI <input type="checkbox"/> Clear	<input type="checkbox"/> Visitor
MSC <input type="checkbox"/> Clear	<input type="checkbox"/> Visitor
IMU <input type="checkbox"/> Clear	<input type="checkbox"/> Visitor
MSU <input type="checkbox"/> Clear	<input type="checkbox"/> Visitor
Operator _____ Badge/Position # _____ Date _____	

Approvals are good for 90 days from the date of signature

Approved Denied Captain _____ Date _____

Denials shall be routed through the chain of command if an override is requested.

Approved Denied Associate Superintendent _____ Date _____

Approved Denied Superintendent _____ Date _____

Your social security number is required if you wish to be employed or granted access to this facility. Information received may be shared with other law enforcement agencies when appropriate.