



LAW ENFORCEMENT SUPPORT AGENCY

930 Tacoma Avenue South Room 239
Tacoma, Washington 98402

Telephone: (253) 798-7519
Fax: (253) 798-4313



VISA CLEARANCE STATEMENT

THIS STATEMENT IS VALID ONLY FOR TRAVEL/PASSPORT/IMMIGRATION PURPOSES AND SHALL NOT BE USED IN ANY WAY FOR EMPLOYMENT REASONS.

I certify that the consolidated records of the TACOMA POLICE DEPARTMENT and the PIERCE COUNTY SHERIFF'S DEPARTMENT have been searched and there is no criminal conviction record on file.

NAME _____

ALIAS NAME(S) _____

(Include nicknames, previous married/maiden names)

ADDRESS _____

CITY _____, STATE _____ ZIP _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SEX ___ RACE ___ HEIGHT ___ WEIGHT ___ EYES ___ HAIR ___

SOCIAL SECURITY NUMBER _____

SCARS, MARKS, TATTOOS _____

FOR TRAVEL/IMMIGRATION TO _____

SIGNATURE OF ABOVE PERSON

LESA Employee

Secondary dissemination of this criminal history record information is prohibited unless in compliance with RCW 10.97.050.

RESPONSE IS BASED ON A NAME CHECK ONLY

State of Washington
County of Pierce

Subscribed and Sworn before me on _____
(Date)

Notary Public

Residing at _____
(City & State)

Notary Expires: _____
(Date)