



NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION

POST OFFICE BOX 3360, WINDOW ROCK, NAVAJO NATION, AZ 86515

WEBSITE: www.ims.navajo-nsn.gov PHONE: (928) 357-6210



DSL NUMBER: _____

CRIMINAL / TRAFFIC HISTORY RECORD (CTHR)

Please know all completed CTHR requests will be mailed out & processed Money Orders can not be refunded. NO EXCEPTIONS. Thank you!

VITAL INFORMATION

FULL NAME: _____ (FIRST, MIDDLE, LAST)

ALIAS/AKA: _____ (ANY OTHER NAMES USED)

TRIBAL CENSUS: _____

DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR

SOCIAL SECURITY#: _____ - _____ - _____

MAILING ADDRESS CITY STATE ZIP CODE

DRIVER LICENSE#: _____ EXP: _____ STATE

PHONE#: (____) _____ - _____

What is the PURPOSE for this CTHR Request? _____ (FOR STATISTICAL REASONS) EMPLOYMENT / HOUSING / PERSONAL

How many years are you requesting for this CTHR? [] 5 Years [] 10 Years [] 18th Birthday [] Other: _____

SIGNATURE DATE

NOTARIAL ACKNOWLEDGMENT

This document MUST be notarized if this form is not being verified in-person by OBI, District, or IMS Staff.

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____, whose identity was proven to me on the basis of satisfactory to be the person who he or she claims to be and acknowledged that he or she signed the above / attached document.

Notary Public Signature

Print Name

My Commission Expires

PLEASE INCLUDE

- VALID STATE DRIVER'S LICENSE / ID
SOCIAL SECURITY CARD
\$15.90 MO PAYABLE TO NAVAJO NATION
SELF-ADDRESSED STAMPED ENVELOPE
NN EMPLOYMENT
RELEASE OF AUTHORIZATION

NOTES

Empty box for notes

IMS USE ONLY

Amount Money Order Number RECEIVED STAMP

DISTRICT / IMS VERIFIED

DIST. INITIAL DATE TIME

COMPLETED STAMP

Empty box for completed stamp