

☐ SDS

☐ MAIL

Assigned: _____

DSL#: _____

**NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION (IMS)**



**CRIMINAL & TRAFFIC
HISTORY RECORD (CTHR)**



Post Office Box 3360, Window Rock, Arizona 86515

Phone: (928) 357-6210 Fax: (928) 357-6224

RECEIVED STAMP

PART I: PLEASE PRINT CLEARLY. All completed CTHR requests will be mailed out. Processed Money Orders can not be refunded. NO EXCEPTIONS.

FULL NAME: _____ **ALIAS:** _____

ADDRESS (Mailing): _____

CENSUS#: _____ **DOB:** _____ **SS#:** _____

STATE: _____ **DRIVER LICENSE#:** _____ **EXP:** _____

REQUESTED BY: _____ **PHONE#:** _____

REASON FOR REQUEST (Employment / Housing / Personal Use): _____

SPECIFY # OF YEARS: ☐ 5 YEARS ☐ 10 YEARS ☐ 18TH BDAY **OTHER:** _____

PART II:

Request for criminal/traffic history record and police reports from non-criminal justice agencies and private citizens MUST be accompanied by a signed AUTHORIZATION FOR DISCLOSURE OF INFORMATION. If the requested information does not pertain to the requestor then such requests shall only be released upon presentation of an approved identification containing a photograph. All criteria is released & access under Navajo Police Department Policies & Navajo Nation Privacy Act (NNC 2 § 81-92).

Non-criminal justice agencies and private citizens must understand that the provided information SHALL be used for the above stated purpose ONLY and any other use SHALL result in denial of the privilege to access criminal history records contained with Information Management Section, Navajo Police Department.

Criminal Justice Agencies not conducting a Criminal Investigation must have a copy of written authorization from the individual.

OFFICIAL POLICE REPORTS ARE PROVIDED UNDER NDPS POLICIES & NAVAJO NATION PRIVACY ACT.

SIGNATURE: _____ **DATE:** _____ **TIME:** _____

PART III: OFFICE USE ONLY.

DISTRICT / IMS VERIFIED			
DISTRICT	INITIAL	DATE	TIME

AMT:\$ _____ MO#: _____

AMT:\$ _____ MO#: _____

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

PART IV: NOTORIAL 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