



NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION

POST OFFICE BOX 3360, WINDOW ROCK, NAVAJO NATION, AZ 86515
WEBSITE: www.ims.navajo-nsn.gov PHONE: (928) 729-4450



DSL NUMBER: \_\_\_\_\_

CRIMINAL / TRAFFIC HISTORY RECORD (CTHR)

Please know all completed CTHR requests will be mailed. NO EXCEPTIONS. Thank you!

VITAL INFORMATION

FULL NAME: \_\_\_\_\_ ALIAS/AKA: \_\_\_\_\_
(FIRST, MIDDLE, LAST) (ANY OTHER NAMES USED)

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_
MM / DD / YYYY

TRIBAL CENSUS: \_\_\_\_\_ PHONE#: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS CITY STATE ZIP CODE

DRIVER LICENSE#: \_\_\_\_\_ EXP: \_\_\_\_\_
STATE

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

How many years are you requesting for this Background Check?
5 Years 10 Years 18th Birthday Other: \_\_\_\_\_

SIGNATURE DATE

NOTARIAL ACKNOWLEDGMENT

This document MUST be notarized if this form is not verified in-person by OBI, Police 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 (COPY)
SOCIAL SECURITY CARD (COPY)
\$15.90 MO PAYABLE TO NAVAJO NATION
SELF-ADDRESSED STAMPED ENVELOPE

RELEASE OF AUTHORIZATION
NAVAJO NATION EMPLOYMENT / OBI

IMS USE ONLY

AMOUNT MONEY ORDER NUMBER
AMOUNT MONEY ORDER NUMBER

RECEIVED STAMP

DISTRICT / IMS VERIFIED
DIST. INITIAL DATE TIME