



# 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		
AMOUNT	MONEY ORDER NUMBER		
RECEIVED STAMP			
DISTRICT / IMS VERIFIED			
DIST.	INITIAL	DATE	TIME
COMPLETED STAMP			