WASHINGTON STATE PATROL
Washington Access to Criminal History (WATCH)
New Profit Business Account

Criminal Records Division

Mail to: WATCH
Identification & Criminal History Section
PO Box 42633
Olympia, WA 98504-2633

Fax to: (360) 534-2073

Questions: Call (360) 534-2000 option #2
or e-mail watch.help@wsp.wa.gov

The WSP will e-mail your assigned account number and user name within 7-14 business days. Please retain a copy of this application for your records. You may enter electronically or print.

NEW ACCOUNT (State Agency select one)

PROFIT BUSINESS/ORG ($12.00 fee)

☐ STATE AGENCY – Background Check: ☐ Paid by Agency ☐ Collect Fee from Applicant
(**Must check at least one box)**

AGENCY INFORMATION

Organization _____

Address _____
Street Apt./Suite

_____
City State ZIP

Administrator _____
Printed Name Signature

ADMINISTRATOR

User Name _____
First Middle Initial Last

Organization Address _____
Street Apt./Suite

_____
City State ZIP

Agency Phone No. ( ) _____ Ext. _____ E-Mail Address _____

CERTIFICATION

I certify that the information I have provided on this form is true and complete. I understand I will be billed $12 (twelve dollars) per background check initiated through WATCH, regardless of the results, and the invoice for this service is payable upon receipt.

_____ _____
User Signature Date

_____
User Printed Name

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NEW USER #1

User Name _____
First Middle Initial Last

Organization Address _____
Street Apt./Suite

_____
City State ZIP

Agency Phone No. ( ) _____ Ext. _____ E-Mail Address _____

NEW USER #1 CERTIFICATION

I certify that the information I have provided on this form is true and complete. I understand I will be billed $12 (twelve dollars) per background check initiated through WATCH, regardless of the results, and the invoice for this service is payable upon receipt.

_____ _____
User Signature Date

_____
User Printed Name

NEW USER #2

User Name _____
First Middle Initial Last

Organization Address _____
Street Apt./Suite

_____
City State ZIP

Agency Phone No. ( ) _____ Ext. _____ E-Mail Address _____

NEW USER #2 CERTIFICATION

I certify that the information I have provided on this form is true and complete. I understand I will be billed $12 (twelve dollars) per background check initiated through WATCH, regardless of the results, and the invoice for this service is payable upon receipt.

_____ _____
User Signature Date

_____
User Printed Name

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Return completed form by e-mail to: WATCH.Help@wsp.wa.gov

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. **Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.

2. **Applicants must be notified an inquiry may be made.**
   A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.

3. **A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted. (See required disclosure items: RCW 43.43.834)**

4. **Applicants must be notified of the response.**
   The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

Notes:

- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.
- The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.
- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.

ALL USERS – SYSTEM SAFEGUARDS

- Passwords are a unique identifier and should NEVER be shared with unauthorized users/personnel.
- Record information received as a result of a WATCH inquiry should only be used for the purpose for which it was intended.
- I understand that audits will be conducted on each account every 2 years or as needed.
- Violations of these WATCH system safeguards could result in the user being inactivated or the agency being denied access until the violation has been corrected.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington (RCW) 43.43.830-43.43.845.

User Name _____ Account # _____

User Signature _____ Date _____