WASHINGTON STATE PATROL
Washington Access to Criminal History (WATCH)
New User Application (Billed 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, user name, and password within 7-14 business days. Please retain a copy for your records. You may enter electronically or print.

AGENCY INFORMATION

Organization Name _____

Account Number _____

Administrator on the Account _____
Print Name Sign Name

☐ I am the existing administrator. ☐ I am the new account administrator.

WATCH – NEW USER (Print Clearly)

User Name _____ Office Phone ( ) _____

E-Mail _____

Organization's Address _____
Street Apt./Suite

_____
City State ZIP

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 of the check, and the invoice for this service is payable upon receipt.

_____ _____
User Authorized Signature Date

_____
User Printed Name