



**WASHINGTON STATE PATROL**  
**Washington Access to Criminal History**  
**Criminal Justice (WATCH-CJ)**  
**User Application Form**

**Criminal Records  
Division**

Mail to:  
WATCH-CJ  
Identification and Criminal History Section  
Post Office Box 42633  
Olympia, WA 98504-2633

Phone No.: (360) 534-2000  
Fax No.: (360) 534-2073

Please enter electronically or print.

**AGENCY NAME AND CONTACT INFORMATION**

Agency Name: \_\_\_\_\_

Agency ORI: \_\_\_\_\_ WATCH-CJ Account Number: \_\_\_\_\_  
(Provide account number if adding a user to an existing account)

Contact Name: \_\_\_\_\_

Contact Phone No.: (    ) - Ext. \_\_\_\_\_ Contact FAX No.: (    ) - \_\_\_\_\_

**WATCH-CJ USER INFORMATION**

User Name: \_\_\_\_\_ SID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please indicate Mr., Ms., or Mrs.)

Agency Address: \_\_\_\_\_  
Street Apt./Suite

\_\_\_\_\_ City State ZIP

Phone No.: (    ) - Ext. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**I acknowledge that I will use the WATCH-CJ application in accordance with RCW 10.97.050 regarding dissemination and usage of non-conviction criminal history information. I understand that all information obtained from WATCH-CJ will be subject to annual audits from the Washington State Patrol and a failure to comply with RCW 10.97.50 will subject my agency to various sanctions. These sanctions may include the termination of WATCH-CJ services to my agency.**

\_\_\_\_\_  
User Signature Date

\_\_\_\_\_  
User Printed Title