



WASHINGTON STATE PATROL
Washington Access to Criminal History (WATCH)
New User Application (Billed Account)

**Criminal Records
Division**

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

E-Mail: watch.help@wsp.wa.gov

Questions: Call (360) 534-2000 option #2

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 \$11 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