

WASHINGTON STATE PATROL Web Portal Application

Criminal Records
Division

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

E-mail CRDApplicantfollowup@wsp.wa.gov

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

AGENCY INFORMATI	ON				
Account Number/ORI:					
Agency Name:					
Agency Name.				_	
Agency Address:					
Street				Apt./Suite	
City			State	ZIP	
NEW USER #1					
Name:					
Agency Address:	First	Midd	lle Initial	Last	
	Street			Apt./Suite	
	City		Stat	te ZIP	
Agency Phone No.:	,	Ext	E-Mail Address:		
Please check below v	vhat information yo	u are requesting	to view in the CRD Po	ortal.	
☐ Invoices ☐ Health Care Authority (Law Enforcement Only) ☐ DOF (Law Enforcement Only)					
Fingerprint Result	s:				
If you need acces	s to fingerprint result	s please list the typ	es of transactions you	need.(I.e. CPL, CJA, Pub Info)	
User Signature			Date		
User Printed Name					

3000-240-576 (R 7/24) Page **1** of **2**



WASHINGTON STATE PATROL Web Portal Application

Criminal Records Division

NEW USER #2						
Name:						
	First	Middle Initial	Last			
Agency Address:	<u> </u>		A 1/0 ''			
	Street		Apt./Suite			
	City		State ZIP			
Agency Phone No.:	·	ExtE-Mail Address:				
		you are requesting to view in the C	REQUIRED			
☐ Invoices ☐ He	ealth Care Authority	(Law Enforcement Only) DOF (I	_aw Enforcement Only)			
☐ Fingerprint Resu	ults					
			is you need.(I.e. CPL, CJA, Pub Info)			
ii you need dooc	300 to imgorprint root	and produce not the types of transaction	15 you need.(1.6. Of L, Ourt, 1 db inio)			
User Signature			Dete			
User Signature			Date			
User Printed Name						
NEW USER #3						
Name:						
<u> </u>	First	Middle Initial	Last			
Agency Address:						
	Street		Apt./Suite			
	O''		31.			
. 5	City		State ZIP			
Agency Phone No.: _		ExtE-Mail Addres	ss: REQUIRED			
Please check below	w what information	you are requesting to view in the C	RD Portal.			
☐ Invoices ☐ He	alth Care Authority (Law Enforcement Only) DOF (L	_aw Enforcement Only)			
	- ,	• • • • • • • • • • • • • • • • • • • •	• •			
			s you need.(I.e. CPL, CJA, Pub Info)			
ii you need acce	ss to imgerprint resu	its please list the types of transactions	s you need.(i.e. CPL, CJA, Pub inio)			
User Signature			Date			
User Printed Name						

3000-240-576 (R 7/24) Page **2** of **2**