



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 INFORMATION

Account Number/ORI: _____

Agency Name: _____

Agency Address: _____

Street Apt./Suite

City State ZIP

NEW USER #1

Name: _____

First Middle Initial Last

Agency Address: _____

Street Apt./Suite

City State ZIP

Agency Phone No.: _____ Ext. _____ E-Mail Address: _____

REQUIRED

Please check below what information you are requesting to view in the CRD Portal.

- Invoices Health Care Authority (Law Enforcement Only) DOF (Law Enforcement Only)
- Fingerprint Results: _____
- If you need access to fingerprint results please list the types of transactions you need.(i.e. CPL, CJA, Pub Info...)

User Signature Date

User Printed Name

