



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

**Criminal Records
Division**

Mail to:
WATCH-CJ
Identification and Background Check 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