



# 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](mailto: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)   PARC   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

