



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



WASHINGTON STATE PATROL
Washington Access to Criminal History
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Record Search Guidelines

Criminal Records
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Your agency is required to have safeguards in place to ensure non-conviction and other data retrieved from this Web site is used only as authorized by the Revised Code of Washington ([RCW 10.97.050](#)). User passwords should be kept secure to prevent unauthorized use. Passwords must be deleted for employees who leave your organization or no longer have reasons to access WATCH-CJ for criminal investigative purposes or sex and kidnapping registration. Since WATCH-CJ may be accessed from any computer with an Internet connection, it is also the responsibility of the agency to ensure that employees using computers in a less-than-secure location take measures to protect information from being viewed, copied, or accessed by non-criminal justice personnel.

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 bi-annual audits from the Washington State Patrol and failure to comply with RCW 10.97.050 will subject my agency to various sanctions. These sanctions may include the termination of WATCH-CJ services to my agency.

I have read and understand the above WATCH-CJ Record Search Guidelines pursuant to RCW 10.97.050.

User Name _____

Account # _____

User Signature _____

Date _____

MUST BE SIGNED BY ALL WATCH-CJ ACCOUNT USERS
Fax to (360) 534-2073