



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)
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



WASHINGTON STATE PATROL
Web Portal Application

Criminal Records
Division

NEW USER #2

Name: First Middle Initial Last

Agency Address: Street Apt./Suite

City State ZIP

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

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

REQUIRED

Invoices Health Care Authority (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

NEW USER #3

Name: First Middle Initial Last

Agency Address: Street Apt./Suite

City State ZIP

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

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

REQUIRED

Invoices Health Care Authority (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