



Law Enforcement Agency Search Tool User Application

Please send this completed application to collisionrecords@wsp.wa.gov to be granted access to the Law Enforcement Agency Search Tool (LEA).

| | |
|---|---------------|
| Agency Name: | |
| Agency Address: | |
| Primary Contact: | Phone: |
| Email: | |
| User Names | |
| User 1: | Email: |
| Phone: | |
| I certify that the information I have provided on this form is true and complete. | |
| User Signature: _____ Date: _____ | |
| Printed Name: _____ | |
| User 2: | Email: |
| Phone: | |
| I certify that the information I have provided on this form is true and complete. | |
| User Signature: _____ Date: _____ | |
| Printed Name: _____ | |