



WASHINGTON STATE PATROL
Law Enforcement Agency
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

ORI _____

Organization Name _____

Agency Address _____

Street

Apt./Suite

City

State

ZIP

NEW USER #1

Name _____

First

Middle Initial

Last

Organization 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.

If you need access to Fingerprint results please list the types of transactions you need. (I.e. NFUF, CAR...)

☐ Invoices ☐ Fingerprint Results

User Signature

Date

User Printed Name



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NEW USER #2

Name _____
First Middle Initial Last

Organization 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.

If you need access to Fingerprint results please list the types of transactions you need. (i.e. NFUF, CAR...)

☐ Invoices ☐ Fingerprint Results

User Signature Date

User Printed Name

NEW USER #3

Name _____
First Middle Initial Last

Organization 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.

If you need access to Fingerprint results please list the types of transactions you need. (i.e. NFUF, CAR...)

☐ Invoices ☐ Fingerprint Results

User Signature Date

User Printed Name