



Washington Access To Criminal History (WATCH)

Washington State Patrol
Identification and Background Check Section
PO Box 42633
Olympia, WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>

NOTE: The requested record information is furnished solely based on name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

Subject Information: (Please print clearly)

Applicant's Name: _____
Last First Middle

Other Names Used: _____

Date of Birth: (Month/Day/Year) _____

Note: Background check will be conducted every two years in accordance with state regulations.

Requestor Information:



Chaplaincy Health Care
1480 Fowler Street Richland, WA 99352
(509) 783-7416

Would you like a copy of your results? Yes _____ NO _____

Applicant Signature: _____ Date: _____