

**Identification and Background Check Section
PO BOX 42633
Olympia WA 98504-2633**

BACKGROUND CHECK REQUEST BILLING ACCOUNT APPLICATION

Thank you for your interest in establishing a billing account with the Washington State Patrol (WSP). Upon return of this form to WSP a billing account will be established for your agency to process the below services and billed for the associated fee selected below:

- Fingerprint Based Background Check- Fee: \$58.00
- Fingerprinting Service - Fee: \$16.00
- Name and Date of Birth Based Background Check - Fee: \$32.00

AGENCY NAME: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

AGENCY BILLING ADDRESS: _____

Please provide the name and e-mail address of the person to receive the invoice:

Mail or email this form to:

Washington State Patrol
Identification and Background Check Section
Attn: Background Check Unit
PO Box 42633
Olympia WA 98504-2633
Fax (360) 534-2073

Email to: Lynette.brown@wsp.wa.gov

If you have any questions, please contact Ms. Lynette Brown at (360) 534-2109

DATE: _____ SIGNATURE: _____