



# RADIO FREQUENCY (RF) ENROLLMENT

WASPC phone: 1-800-457-6221 (M-F 8A-5P)

BI after hours: 1-800-775-7493

Email: [cosstaff@waspc.org](mailto:cosstaff@waspc.org)

Agency/office: \_\_\_\_\_

Today's date: \_\_\_\_\_

Enrollment Tracking start date: \_\_\_\_\_ Tracking end date: \_\_\_\_\_

Client removal:  Unit number changed to: \_\_\_\_\_  Transmitter number changed to: \_\_\_\_\_

Removal, due to:  Successful  Abscond  Technical violation  Arrest/new crime

Last name	First	MI	DOC number
Unit number	Transmitter number	Exacutrack number	
Address		Phone	
City	State	Zip	
Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Race	

### SUPERVISING CASE MANAGERS

Pri	Alt	Name	Phone
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

### OFFENSE

Check all that apply

<input type="checkbox"/> Murder	<input type="checkbox"/> Assault	<input type="checkbox"/> Robbery	<input type="checkbox"/> DUI
<input type="checkbox"/> Sex crimes	<input type="checkbox"/> Property	<input type="checkbox"/> DV	<input type="checkbox"/> DWLS
<input type="checkbox"/> Traffic	<input type="checkbox"/> Drugs	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Other: _____

### SCHEDULE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE:							
Leave home time							
Return home time							
Leave home time							
Return home time							

Authorized by: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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