

## BACKGROUND CHECK IDENTIFICATION VERIFICATION

Beginning date of employment, volunteer, or contractor/subcontractor status \_\_\_\_\_.

Photocopy of:  
Driver's License, Identification Card, or U.S.  
Passport

(Document must be issued by a state or outlying  
possession of the United States, or by federal, state  
or local government agencies or entities (provided it  
contains a photograph or information such as name,  
date of birth, gender, height, eye color and address.)

I am authorized to verify the true identity of the person named in the identification document(s). I have examined the original document(s) in the presence of the above person. The document above appears to be genuine and verifies the person.

I am verifying the identity as:

- A manager, director, owner, or board member of the organization as a DSHS Contractor.
- A designated employee of a DSHS Contractor authorized by management.
- A Notary Public currently licensed in the State of \_\_\_\_\_.
- An employee from the Office of the Deaf and Hard of Hearing.

|  |       |      |
|--|-------|------|
| SIGNATURE OF AUTHORIZED REPRESENTATIVE |       | DATE |
| PRINT NAME HERE                        | TITLE |      |

Send your completed form to Office of the Deaf and Hard of Hearing, PO Box 45300, Olympia WA 98504-5300.