



BCCU Applicant Affidavit

Instructions

The BCCU Applicant Affidavit is used to provide additional information regarding:

- **Crimes** reported by the Washington State Patrol (WSP), Washington State Courts (Courts), Department of Corrections (DOC), the Federal Bureau of Investigation (FBI), or other states.
- **Negative Actions** reported by the Children’s Administration (CA), Department of Health (DOH), or Aging and Long-Term Support Administration (AL TSA), including Residential Care Services and Home and Community Services.
- **Applicant Self-Disclosures** made on a Background Check Authorization Form.

BCCU does not have the authority to remove crimes or negative actions.

- Applicant **MUST** contact the WSP, Courts, DOC, FBI, or other state to remove crimes.
- Applicant **MUST** contact the CA, DOH, or AL TSA to remove negative actions.

Applicant **MUST** complete Section A **AND** Section B of the BCCU Applicant Affidavit.

Failure to follow these directions or write clearly may result in Applicant Affidavit being rejected.

Section A

Applicant’s Name	Legal first, middle and last name. BCCU will reject form if not completed.
Applicant’s Email Address	Secure email address where you may request BCCU send future correspondence.
Date of Birth	Month / Day / Year - MM/DD/YYYY
Inquiry ID / OCA Number	Number as it appears on your background check result notification.
Phone Number	Phone number with area code where you can be reached Monday through Friday between 8:00 AM and 5:00 PM.
Purpose of the Affidavit	Select ALL the option(s) that best describes the reason you are completing the Applicant Affidavit. Complete ONE Affidavit per crime or negative action. Mark Box 1 if you want to provide details for a crime being reported by the WSP, Courts, DOC or FBI. Mark Box 2 if you want to provide details of your self-disclosure to questions 11A, 11B, 12, 13 or 14 of the Background Check Authorization Form. For other self-disclosure questions fill in the number in the space provided.

Section B

First, Middle, Last Name	Clearly print legal first, middle and last name. BCCU will reject form if not completed.
Date of Crime / Action	Full date Month / Day / Year (MM/DD/YYYY) of conviction.
Crime / Action	Official name of crime or negative action as appears on your records.
Degree	Degree of the crime.
State	State where crime or negative action occurred.
Outcome of Crime / Action	Disposition of crime/action – convicted, dismissed, deferred, etc.
Description of Events	Describe circumstances that led to the conviction, negative action OR self-disclosure error (see examples below).
Examples:	Additional Information Needed:
Assault / Battery	Who was the victim(s)? What were the injuries the victim sustained? Were any weapons involved?
Burglary	What was the nature of the structure burglarized? Were any weapons involved? Did any assaults occur during or in direct flight from the scene of the crime?
Drug	Description of the circumstances that lead to the drug charge or conviction.
Fraud / Embezzlement	What was the dollar obtained from fraud or embezzlement?
Theft	What type of property / services stolen and dollar value?
Other Crimes	Description of circumstances, provide details.
Self-Disclosure Correction	Why did the error occur? What is the correct answer to the question? What is the full/correct date (MM/DD/YYYY)? What is the correct crime name, degree, etc.?
Attachments	Check box, if you attach additional documents to the Applicant Affidavit, additional affidavit pages or court documents and write number of pages attached.
Signature and Date	NO ELECTRONIC SIGNATURES ARE ACCEPTED. Sign and date the Applicant Affidavit. BCCU will reject your Applicant Affidavit if it is not signed and dated.



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 BACKGROUND CHECK CENTRAL UNIT (BCCU)

BCCU Applicant Affidavit

Complete Section A AND Section B

Section A

REQUIRED: APPLICANT'S NAME (FIRST, MIDDLE, LAST)

REQUIRED: APPLICANT'S EMAIL ADDRESS

REQUIRED: DATE OF BIRTH (MM/DD/YYYY)

INQUIRY ID/OCA NUMBER

REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)

What is the purpose of this affidavit? (You may check more than one if related to same crime / action.)

- 1. I am providing additional details regarding a crime or negative action.
- 2. I am providing additional details regarding my self-disclosure(s) on the Background Check Authorization form. (Provide details regarding the self-disclosure or to combine differing self-disclosures for the same crime.)

Self-Disclosure question(s) addressing: 11A 11B 12 13 14 _____ (other)

Section B

I, _____, **attest under penalty of perjury, the following:**
REQUIRED: PRINTED FIRST, MIDDLE INITIAL, LAST NAME

Date of crime / action (MM/DD/YYYY):

Crime / action:

Degree of crime:

State:

Outcome of crime / action:

Description of events:

I have attached _____ additional pages or court documents with Inquiry ID/OCA Number written on each page.

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. By signing below, I give DSHS permission to re-run my background check with any governmental agency or law enforcement agency and provide the results of the background check to the original requestor of the background check.

REQUIRED: SIGNATURE (NO ELECTRONIC SIGNATURES ARE ACCEPTED. MUST BE SIGNED BY APPLICANT.)

REQUIRED: DATE SIGNED (MM/DD/YYYY)

Send your completed and signed Applicant Affidavit and supporting documents to BCCU:

FAX: (360) 902-7954 **MAIL:** PO Box 45025, Olympia WA 98504-5025 **EMAIL:** bccuinquiry@dshs.wa.gov

BCCU will review the information and contact the applicant with the outcome of the review.