



Division of Vocational Rehabilitation (DVR)  
Background Check System (BCS)

## Background Check Account Information for Existing BCS Account

Brief description of the purpose of checks	<b>External Client Services Provider</b>
Account Name <sup>1</sup>	
Administration	<b>Secretary's Office (OS)</b>
Division	<b>DVR</b>
Inquiry Type	<b>Provider</b>
Program Contact <sup>2a</sup>	
Phone <sup>2b</sup>	
Secure Fax (if applicable) <sup>2c</sup>	
Mailing Address <sup>2d</sup>	
Address Line 2 <sup>2e</sup>	
Mail City <sup>2f</sup>	
Mail State <sup>2g</sup>	
Mail ZIP <sup>2h</sup>	
Mailstop (if applicable) <sup>2i</sup>	
Site Address (if different from mailing) <sup>3a</sup>	
Site City <sup>3b</sup>	
Site ZIP <sup>3c</sup>	
Region <sup>4</sup>	
County <sup>5</sup>	
Primary Account Administrator Name <sup>6a</sup>	
Primary Account Administrator Email Address <sup>6b</sup>	
Primary Account Administrator Phone Number <sup>6c</sup>	

## Instructions

1. Enter the legal name of the entity or provider who will be providing services under contract with DVR.
- 2a – i. Enter the primary contact information for the entity or provider. Lines 2c, 2e, and 2i are optional and only completed if applicable. For example, if you have a fax number but it is not secure, do not enter it.
- 3a – c. Physical address of the entity or provider if different from the mailing address.
4. The DSHS Region in which the entity or provider is located. If you do not know your region, leave it blank. DVR will fill in the information based on the county you enter.
5. The county in which the entity or provider is located even if you are providing services in another county.
- 6a – c. Information for the employee who will be primarily responsible for managing the provider or entity's BCS account. There must be a primary account administrator and the Primary Account Administrator (PAA) must have a valid email address and phone number.