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|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  **Contractor Designated Contact(s) Background Check** | |
| **Please print clearly in all boxes, except for signature box.**  This form is for the staff person(s) who deal with confidential information in your organization. | | |
| CONTRACTOR’S NAME AS REGISTERED WITH THE IRS | | CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT |
|  | | |
| NAME OF PRIMARY PERSON DESIGNATED TO SEND / RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION | | |
| PRIMARY PERSON’S PHONE NUMBER (INCLUDE AREA CODE)  **(     )      -       EXT.** | | PRIMARY PERSON’S EMAIL ADDRESS |
| PRIMARY PERSON’S MAILING ADDRESS | | |
| STREET / PO BOX CITY STATE ZIP CODE | | |
|  | | |
| NAME OF BACKUP PERSON DESIGNATED TO SEND / RECEIVE CONFIDENTIAL BACKGROUND CHECK INFORMATION | | |
| BACKUP PERSON’S PHONE NUMBER (INCLUDE AREA CODE)  **(     )      -       EXT.** | | BACKUP PERSON’S EMAIL ADDRESS |
| BACKUP PERSON’S MAILING ADDRESS  CHECK IF SAME AS ABOVE | | |
| STREET / PO BOX CITY STATE ZIP CODE | | |
|  | | |
| **I have designated the above staff to process confidential background information.**  **I will notify DVR within 14 calendar days of changing designated contacts.** | | |
| CONTRACTOR’S / DESIGNEE’S SIGNATURE | | DATE |
| PRINTED NAME | | TITLE |