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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 |