# Identification Verification

## Applicant

<table>
<thead>
<tr>
<th>NAME (PRINT)</th>
</tr>
</thead>
</table>

- [ ] Employee
- [ ] Subcontractor
- [ ] Intern
- [ ] Volunteer
- [ ] Other

**SERVICE START DATE**

Insert a photocopy of one of the following:
- Driver’s License
- Identification Card
- 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).

## Authorized Representative

<table>
<thead>
<tr>
<th>NAME (PRINT)</th>
<th>TITLE</th>
</tr>
</thead>
</table>

**ORGANIZATION / DSHS CONTRACTOR NAME**

**AS AN AUTHORIZED REPRESENTATIVE, I AM:**
- [ ] A manager, director, owner, or board president / chair of the 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.

**DECLARATION**

As an Authorized Representative, I am authorized to verify the true identity of the above-named applicant in the identification document(s). I have examined the original document(s) in the presence of the above-named applicant. The above document appears to be genuine and verifies the applicant’s identity.

<table>
<thead>
<tr>
<th>SIGNATURE OF AUTHORIZED REPRESENTATIVE</th>
<th>DATE</th>
</tr>
</thead>
</table>

Return to: Office of the Deaf and Hard of Hearing, PO Box 45301, Olympia WA 98504-5301.
FAX: (360) 902-0855

DSHS 02-573 (REV. 06/2011)