



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) (     )     - <b>EXT.</b>		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) (     )     - <b>EXT.</b>		BACKUP PERSON'S EMAIL ADDRESS	
BACKUP PERSON'S MAILING ADDRESS <input type="checkbox"/> CHECK IF SAME AS ABOVE STREET / PO BOX		CITY	STATE    ZIP CODE
<b>I have designated the above staff to process confidential background information.</b> <b>I will notify DVR within 14 calendar days of changing designated contacts.</b>			
CONTRACTOR'S / DESIGNEE'S SIGNATURE		DATE	
PRINTED NAME		TITLE	