



BCCU Applicant Affidavit

Instructions

The BCCU Applicant Affidavit is used to provide additional information regarding:

- **Crimes** reported by the Washington State Patrol (WSP), Washington State Courts (Courts), Department of Corrections (DOC), the Federal Bureau of Investigation (FBI), or other states.
- **Negative Actions** reported by the Department of Children, Youth and Families (DCYF), Department of Health (DOH), or Aging and Long-Term Support Administration (AL TSA), including Residential Care Services and Home and Community Services.
- **Applicant Self-Disclosures** made on a Background Check Authorization Form.

BCCU does not have the authority to remove crimes or negative actions.

- Applicant **MUST** contact the WSP, Courts, DOC, FBI, or other state to remove crimes.
- Applicant **MUST** contact the DCYF, DOH, or AL TSA to remove negative actions.

Applicant **MUST** complete Section A **AND** Section B of the BCCU Applicant Affidavit.

Failure to follow these directions or write clearly may result in Applicant Affidavit being rejected.

Section A	
Applicant's Name	Legal first, middle and last name. BCCU will reject form if not completed.
Applicant's Email Address	Email address you give BCCU consent to send you confidential and sensitive background check information.
Date of Birth	Month / Day / Year - MM/DD/YYYY
Inquiry ID / OCA Number	Number as it appears on your background check result notification.
Phone Number	Phone number where you can be reached Monday through Friday between 8:00 AM to 5:00 PM. By checking the box, you are authorizing BCCU to leave a detailed message.
Purpose of the Affidavit	Select ALL the option(s) that best describes the reason you are completing the Applicant Affidavit. Complete ONE Affidavit per crime or negative action. Mark Box 1 if you want to provide details for a crime being reported by the WSP, Courts, DOC or FBI. Mark Box 2 if you want to provide details of your self-disclosure to questions 11A, 11B, 12, 13 or 14 of the Background Check Authorization Form. For other self-disclosure questions fill in the number in the space provided.
Section B	
First, Middle, Last Name	Clearly print legal first, middle and last name. BCCU will reject form if not completed.
Date of Crime / Action	Full date Month / Day / Year (MM/DD/YYYY) of conviction. This date must match the date provided to BCCU as it appears on your record. If you need to change the date of the crime on your self-disclosure, provide the original date and the correct date of the crime / conviction / action.
Crime / Action	Official name of crime or negative action as appears on your records.
Degree	Degree of the crime.
State	State where crime or negative action occurred.
Outcome of Crime / Action	Disposition of crime/action – convicted, dismissed, deferred, etc.
Description of Events	Describe circumstances that led to the conviction, negative action OR self-disclosure error (see examples below).
Examples:	Additional Information Needed:
Assault / Battery	Who was the victim(s)? What were the injuries the victim sustained? Were any weapons involved?
Burglary	What was the nature of the structure burglarized? Were any weapons involved? Did any assaults occur during or in direct flight from the scene of the crime?
Drug	Description of the circumstances that lead to the drug charge or conviction.
Fraud / Embezzlement	What was the dollar obtained from fraud or embezzlement?
Theft	What type of property / services stolen and dollar value?
Other Crimes	Description of circumstances, provide details.
Self-Disclosure Correction	Why did the error occur? What is the correct answer to the question? What is the full/correct date (MM/DD/YYYY)? What is the correct crime name, degree, etc.?
Attachments	Check box, if you attach additional documents to the Applicant Affidavit, additional affidavit pages or court documents and write number of pages attached.
Signature and Date	Sign and date the Applicant Affidavit. BCCU will reject your Applicant Affidavit if it is not signed and dated. Electronic signatures are accepted only if accompanied by a valid government-issued picture identification (ID). Handwritten signatures do not require an ID.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BACKGROUND CHECK CENTRAL UNIT (BCCU)

BCCU Applicant Affidavit
Complete Section A AND Section B

Section A		
REQUIRED: APPLICANT'S NAME (FIRST, MIDDLE, LAST)	REQUIRED: APPLICANT'S EMAIL ADDRESS	
REQUIRED: DATE OF BIRTH (MM/DD/YYYY)	INQUIRY ID/OCA NUMBER	REQUIRED: PHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> I authorize BCCU to leave a detailed message.
<p>What is the purpose of this affidavit? (You may check more than one if related to same crime / action.)</p> <p><input type="checkbox"/> 1. I am providing additional details regarding a crime or negative action.</p> <p><input type="checkbox"/> 2. I am providing additional details regarding my self-disclosure(s) on the Background Check Authorization form. (Provide details regarding the self-disclosure or to combine differing self-disclosures for the same crime.)</p> <p>Self-Disclosure question(s) addressing: <input type="checkbox"/> 11A <input type="checkbox"/> 11B <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> _____ (other)</p>		
Section B		
<p>I, _____, attest under penalty of perjury, the following:</p> <p>REQUIRED: PRINTED FIRST, MIDDLE INITIAL, LAST NAME</p>		
Date of crime / action (MM/DD/YYYY):		
Crime / action:		
Degree of crime:		
State:		
Outcome of crime / action:		
Description of events:		
<input type="checkbox"/> I have attached _____ additional pages or court documents with Inquiry ID/OCA Number written on each page.		
<p>I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, children, or have access to sensitive information. The information I provide to the BCCU may be used in a court of law. By signing below, I give DSHS permission to re-run my background check with any governmental agency or law enforcement agency and provide the results of the background check to the original requestor of the background check.</p>		
REQUIRED: SIGNATURE (ELECTRONIC SIGNATURES MUST ATTACH VALID ID.)	REQUIRED: DATE SIGNED (MM/DD/YYYY)	

Send your completed and signed Applicant Affidavit and supporting documents to BCCU:

EMAIL: bccuprocessing@dshs.wa.gov **FAX:** (360) 902-7954 **MAIL:** PO Box 45025, Olympia WA 98504-5025

BCCU will review the information and issue an updated result to the hiring entity if there is a change. Completing the BCCU Applicant Affidavit will NOT result in updated fingerprint information.