ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

BACKGROUND CHECK AUTHORIZATION FOR QUALIFIED VENDOR APPLICATION (RFQVA)

This document and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed.

The information contained in the search results and any attached files are confidential and shall not be further disseminated or shared. In order to adhere to confidentiality requirements, this document can only be completed by the individual a background check is being conducted on. The requirements of background checks are outlined in the Request for Qualified Vendor Application (RFQVA) DDD-2024.

Fill out the information below. All applicable fields must be completed, accurately and legibly.

INDIVIDUAL INFORMATION FOR SEARCH OF BACKGROUND CHECKS

(All fields must be completed, accurately and legibly)

INDIVIDUAL'S INFORMATION

Name *(Last, First, M.I.)*: _____

Alias (Previously used names): _____

Social Security Number: _____ *Date of Birth (MM/DD/YY):* _____

Sex: ☐ Male ☐ Female

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Has the person lived in other state(s) in the past five (5) years? ☐ Yes ☐ No

If Yes, List State and Last Month/Year Resided there: State: _____ Month/Year: _____

State: _____ Month/Year: _____

State: _____ Month/Year: _____

I understand that this authorization is good for the term of the contract or I can revoke this consent in writing at any time. I understand that by revoking consent and not following the terms and conditions, the Division may refer to the Contract Action Unit which could result in the termination of my Qualified Vendor Agreement.

Name of Person (Print/Type): _____

Vendor Organization Name: _____

Title/Relation to Vendor Organization: _____

Date: _____

Signature: _____

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1