

## 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, and nicknames: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Sex:    Male        Female

Residential Address: \_\_\_\_\_

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: \_\_\_\_\_

Adobe Certificate-Based Digital Signature: \_\_\_\_\_