

# FACILITIES SERVICES SECURITY CLEARANCE WASHINGTON STATE PATROL BACKGROUND CHECK

<b>Company</b>		<b>COB Contact:</b>	<b>Dept:</b>
<b>Company Contact</b>		<b>Project:</b>	<b>Length of Project:</b>
<b>Phone</b> (     )	<b>Cell:</b> (     )	<b>Office Phone:</b>	<b>Start:</b> _____ <b>Stop:</b> _____

**SITE INFORMATION:**     CITY HALL     BSC     SURREY DOWNS     FIRE STATION # \_\_\_\_\_     OTHER \_\_\_\_\_

First	Middle	Last	Gender	DATE OF BIRTH (MM/DD/YYYY)	DRIVER'S LICENSE OR ID CARD NUMBER	A/D	Fingerprint Date
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				/ /			
				/ /			
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				/ /			

<b>BACKGROUND RUN BY:</b>	<b>Date Run:</b>
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Background Denials – Checked Police Records	Name	Date
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Green – Filled Out by COB Contact - Yellow – Filled Out by Facilities Services