

FACILITIES SERVICES SECURITY CLEARANCE WASHINGTON STATE PATROL BACKGROUND CHECK

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

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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BACKGROUND RUN BY:	Date Run:
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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