



Request for Approval - Third Party Background Check Provider

Company Name (Requesting Company, i.e. TNC, Taxi Association, FH Company)		Doing Business As (dba)	
Mailing Address (P.O. number, street, apartment #)		City	State
			Zip Code
Primary Contact-Full Name	Phone #	Email Address	

Third Party Vendor Name (Background Check Provider)		Business Entity Type	
Business Address (number, street, apartment #)		City	State
			Zip Code
Mailing Address (P.O. number, street, apartment #)		City	State
			Zip Code
Primary Contact-Full Name	Phone #	Email Address	
Secondary Contact-Full Name	Phone #	Email Address	

Service provided by Third Party to Requesting Company:	Background Check	Driver Abstract
--	------------------	-----------------

Describe the process used to obtain the criminal background check information.

Do the criminal background checks performed for applicants/drivers include local, state, and national databases?	Yes	No
Do the background check searches performed for requesting company include a minimum of five (5) years?	Yes	No
Do the background checks include searches for alias's and sex offender databases?	Yes	No
Is there an executed contract for service between the requesting company and the proposed Third Party Provider?	Yes	No

How will the background check reports be transmitted to King County?

Does the Requesting Company/TNC/Third Party Background Check Provider receive consent from prospective drivers authorizing their background check reports to be forwarded to King County/City of Seattle for Licensure purposes?	Yes	No
--	-----	----

King County Code requires demonstration of competency in providing accurate information. Identify any professional credentials (certifications/licenses/etc.) and/or industry association memberships received and/or maintained by the third party background check provider.

Does the Third Party Background Check Provider provide commercial general liability insurance in an amount no less than \$1,000,000 per occurrence/ \$2,000,000 aggregate, and professional liability insurance of no less than \$1,000,000 per claim and in the aggregate, to cover operations or services performed for their operations on behalf of the Requesting Company?	Yes	*No
---	-----	-----

*If limits are less than above, describe limits here:

Third Party Provider

I understand that incomplete information or information that includes a misstatement or omission of material fact will be denied.

Name (Printed)

(Signature)

(Title)

(Date)

Requesting Company

I understand that incomplete information or information that includes a misstatement or omission of material fact will be denied.

Name (Printed)

(Signature)

(Title)

(Date)