

Portable Background Check Application
 Managed Education and Registry Information Tool
merit.del.wa.gov

Direct questions regarding Portable Background Check (PBC) applications to your local Department of Early Learning (DEL) licensing office.

INSTRUCTIONS

Use this application to request a Portable Background Check (PBC) if you are applying to work, working, volunteering, or you are a household member at a licensed or certified child care facility.

- **Only use this paper application if you do not have access to the internet.**
- To process your application, you must first have a professional record in MERIT with a STARS ID. Call your local DEL licensing office and request that MERIT forms are mailed to you.
- Fill out both the MERIT application and the PBC application. All information is required unless it is noted as optional. Print clearly using blue or black ink.
- After you have completed both forms, mail to the address in Section 7.
- The fee to process a paper application is \$24.00. See the payment section for types of payment and mailing information.

*Save money and time by completing your Portable Background Check (PBC) online -- the fee to process an online application is only \$12.00 (compared to \$24.00 for paper processing). First create your professional MERIT record and apply for your STARS ID. Apply online for your PBC using the 'applications' tab in MERIT. Go to: merit.del.wa.gov and save money now.

****Please note: a \$25.00 fee will be assessed for a returned check for insufficient funds.**

Are you 13, 14, or 15 years of age? If you select **YES**, a non-criminal background check will be completed per WAC.
 YES NO

SECTION 1: APPLICANT INFORMATION

Legal Last Name (If none write "NONE")		Legal First Name (If none write "NONE")	Legal Middle Name (If none write "NONE")
STARS ID (Required to apply for PBC; may be 9 or 10 digits) _____		Date of Birth (MM/DD/YYYY) ____/____/____	Social Security Number (Optional) ____-____-____
Contact Phone Number (____) _____ - _____		Alternate Phone Number (Optional) (____) _____ - _____	Email _____@_____._____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Name of state where the current driver's license or state identification (ID) was issued		Current driver's license or state ID number (for Washington State this entry must be 12 characters) _____

SECTION 2: APPLICANT OTHER NAMES

If the name on your current driver's license or state ID card and/or your birth name are different from the legal name you entered above, please list each below exactly as it appears on the card. List all name combinations you have used or been known by including nicknames and aliases. If you have only been known by your legal name, please check the box:

I have not been known by any other names or aliases.

Last Name(s)	First Name(s) or Nickname(s)	Middle Name(s)

SECTION 5A: APPLICANT BACKGROUND INFORMATION

1) In the last three years, have you completed a fingerprint check for the Department of Early Learning (DEL) or the Department of Social and Health Services (DSHS)? YES NO

2) Have you been convicted of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purposes of this question “crime” means a felony, a gross misdemeanor, or a misdemeanor. YES NO
 If **YES**, fill in the fields below. Add a page if you need more room.

Crime	Jurisdiction	Decision	Decision Date
Crime	Jurisdiction	Decision	Decision Date

3) Do you have any criminal charges pending against you for any crime in any local, state, federal, military, tribal or foreign jurisdiction? For the purposes of this question “crime” means a felony, a gross misdemeanor, or a misdemeanor. YES NO
 If **YES**, fill in the fields below. Add a page if you need more room.

Crime	Jurisdiction	Degree	Charge Date
Crime	Jurisdiction	Degree	Charge Date

SECTION 5B: In any local, state, federal, military, tribal or foreign jurisdiction:

1) YES NO
 Have you ever received a notice or order from a court or government agency stating that you have or may have physically abused, sexually abused, neglected, abandoned, or exploited a child, juvenile or vulnerable adult?

2) YES NO
 Has a court ever issued a restraining order, an order of protection, no contact order, or similar order against you for physically abusing, sexually abusing, neglecting, abandoning, exploiting, harassing, or committing domestic violence against a child, juvenile or adult (including but not limited to a vulnerable adult)?

3) YES NO
 Has any court ever found you to be in violation of a restraining order, order of protection, or no contact order, or similar order?

4) YES NO
 Have you ever been disqualified based on a background check from having unsupervised access to children, juveniles or vulnerable adults?

5) YES NO
 Has a government agency (including, but not limited to, a professional disciplinary board) ever notified you that an adverse finding or decision was made against you or that adverse action was taken against you:

- YES NO
 With regard to a professional, business, or occupational license or certification. This includes, but is not limited to, the revocation, denial, and suspension of a license, the assessment of civil penalties, and/or restrictions on practice, to include being required to operate under the supervision of another person?
- YES NO
 With regard to a contract. This includes, but is not limited to the denial, termination, or suspension of a contract.

6) YES NO
 Have you ever voluntarily surrendered a professional, business, occupational license or certification or a contract in lieu of adverse action by a court or government agency?

SECTION 6: STATEMENT OF UNDERSTANDING (Signature Required to Process Application)

I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DEL may revoke my license or take other enforcement action against me.

In addition, my signature below means:

- I give DEL and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies.
- I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DEL and DSHS any background check information that DEL and DSHS requests.
- In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DEL and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court.
- I give DEL and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records.
- I give DEL permission to give my background information to the person or entity named in Section 4.

These permissions are not time-limited.

I understand I must report within twenty-four hours the following information about myself once I submit my background check, regardless of where the incident occurred:

- An arrest or pending charge against me.
- Allegations of child abuse or neglect.

Report this information to 1.866.ENDHARM (1.866.363.4276).

Signature	Today's Date (mm/dd/yyyy)	City or County where this form was signed
Parent or Guardian's Signature (REQUIRED if you are under 18 years of age)	Today's Date (mm/dd/yyyy)	City or County where this form was signed

SECTION 7: PAYMENT

- 1) In order to process your Portable Background Check (PBC) you must pay a fee of **\$24.00**. (Online processing fee is \$12.00)

DO NOT SEND CASH. You may provide the payment by check, money order or cashier's check. Please write your **STARS ID** number on your check, if available. ****Please note: A \$25.00 fee will be assessed for a returned check for insufficient funds.****
Credit card and electronic payments are not available at this time.

- 2) Make your payment payable to: **DEPARTMENT OF EARLY LEARNING**

- 3) Mail Payment and your MERIT (when applicable) and PBC Application to:

DEPARTMENT OF EARLY LEARNING

ATTN: PBC

PO BOX 40971

Olympia, WA 98504-0971

What type of payment are you submitting?

- Personal Check, Money Order or Cashier's Check
Check Number:

- My employer has attached a check
Employer Name:
Check Number:

If you are paying for more than one background check fee, be sure to attach each individual's payment coupon with the payment.