



Qualified Entity Application and Agreement

Choose one: Qualified Entity (QE) Application and Agreement
 QE Authorized Recipient Addendum

Temporary QE Authorized Recipient Addendum

Instructions: This addendum is submitted to the LRO to designate a temporary QE authorized recipient, when needed.

- **Mail:** OKLAHOMA DEPARTMENT OF HUMAN SERVICES
LICENSING RECORDS OFFICE
PO BOX 258834
OKLAHOMA CITY OK 73125-8834
- **Fax:** (405) 522-4167
- **Email:** OCCSbackground@okdhs.org

QE

Program, GAO, or THA name License K8 #, GAO, or THA number

Temporary QE Authorized Recipient or QE Contact

Choose (mark all that apply)

Temporary authorized recipient Temporary QE contact

Print name

Title Date of birth Social Security number

Signature of temporary QE authorized recipient or QE contact Date

Owner, Responsible Entity, or Current QE Authorized Recipient

This person is temporarily the QE's **one** authorized recipient to receive fingerprint results from the LRO or is the QE contact from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

Print name Date of birth Social Security number

Signature of owner, responsible entity, or current QE authorized recipient Date