



Washington State
Department of Social
& Health Services

Division of Vocational Rehabilitation
STATEWIDE VENDOR STATUS
Solicitation #0115-0102
Exhibit F

Please PRINT clearly in all boxes, except for signature box.

CONTRACTOR NAME AS REGISTERED WITH THE IRS

CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT

NAME OF PERSON COMPLETING FORM

PHONE NUMBER

() - Extension:

EMAIL ADDRESS

Statewide Vendor (SWV) Registration Status

I already have a Statewide Vendor Number Yes No

My Statewide Vendor Number is: SWV

I do not have a SWV Number. I submitted SWV Registration and W-9 to OFM on

Contractor Signature

CONTRACTOR SIGNATURE

DATE

PRINTED NAME

TITLE