

# Application Checklist

(CSD Disability Eligibility Review)

Complete and return this form as part of your application packet.

APPLICANT	CSD USE ONLY
<b>Applicant Name:</b> (please print)	<b>Applicant Name:</b> (please print)
<input type="checkbox"/> Contractor Intake Form	<input type="checkbox"/> Contractor Intake Form
<input type="checkbox"/> Statement of Agreement for Disability Eligibility Review Contractors	<input type="checkbox"/> Statement of Agreement for Disability Eligibility Review Contractors
<input type="checkbox"/> Copy of Washington State Professional or Medical License	<input type="checkbox"/> Copy of Washington State Professional or Medical License
<input type="checkbox"/> Copy of Washington State Master Business License (UBI)	<input type="checkbox"/> Copy of Washington State Master Business License (UBI)
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> Curriculum Vitae or Resume
<input type="checkbox"/> Applicant Certification and Assurances Form	<input type="checkbox"/> Applicant Certification and Assurances Form
<input type="checkbox"/> Sent W-9 & SWV Form <b>** DO NOT include this form in your application packet **</b>	
<div style="display: flex; justify-content: space-between;"> <span>Signature _____</span> <span>Date _____</span> </div>	Evaluator's initials _____ Date _____