



Contractor Information Update (for existing DSHS contractors)

Section One: This section is for existing Contractors to provide current information as applicable.

Please complete the table below.

- Please complete your contact name, address, or name of person authorized to sign DSHS contracts, and enter those updates in the right column.
- If you need to update other information on record, you must complete a new Contractor Intake Form. Contact the person who sent you this form.

Information Description	Contractor Information
Contractor Name:	
Business Organization:	Choose an item.
EIN or SSN:	Choose an item.
Contracts Terminated for Default:	
Are you or any members of your staff a current employee of DSHS	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a brief explanation describing you or your employees duties as a DSHS employee.
Mandatory Employee Waiver Certificate:	Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fiscal Year End:	
UBI, and Unique Entity Identifier (UEI)	UBI: _____ UEI: _____

Attached Supporting Documentation Checklist

Copy of your Washington State Master Business License or proof of exemption

Copy of your W-9 if there is a business entity change

Section Two: Information Update Authorization

Is your business owned by a person (or persons) who is (or are) **(Check all that apply):**

	No	Yes; but we are NOT certified*	Yes and we ARE Certified*	Certification Number
A Woman?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Minority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Certified means either the business entity (or, when the business is a sole proprietorship, the individual) has received a certification number from Washington State's Office of Minority and Women-Owned Business Enterprises (OMWBE) www.omwbe.wa.gov, or Department of Veterans' Affairs (DVA).

Is your business a certified Disadvantaged Business Entity? No Yes, Certification No.

Does your business qualify as a Microbusiness, Minibusines, or Small Business under RCW 39.26.010? No Yes

Address DSHS should use for this Contract
(If you have additional addresses for this Contract, attach a listing of additional addresses.)

<input type="checkbox"/> Billing Address <input type="checkbox"/> Facility Address <input type="checkbox"/> Mailing Address	ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)		
	CITY, STATE, AND ZIP CODE		
PHONE NUMBER (INCLUDE AREA CODE) ()		COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ()		EMAIL ADDRESS	

Contact Person DSHS should use for this Contract
(If you have additional contact persons for this Contract, attach a listing of additional contact persons.)

Contact person for this Contract is a(n):
 Owner Officer or Board Member Partner Staff Member Elected Official
 Other (please identify) (DSHS staff enter as applicable on ACD)
 Is the contact person authorized to sign contracts? Yes No

CONTACT PERSON'S NAME		CONTACT PERSON'S EMAIL ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()	PAGER NUMBER (INCLUDE AREA CODE) ()	CELLULAR NUMBER (INCLUDE AREA CODE) ()

Person who will be signing this Contract
(If the Contract Contact entered above will also sign this Contract, you don't need to enter their information again.)

Contact person for this Contract is a(n):
 Owner Officer or Board Member Partner Staff Member Elected Official
 Other (please identify) (DSHS staff enter as applicable on ACD)

SIGNATORY NAME		SIGNATORY EMAIL ADDRESS	
PHONE NUMBER (INCLUDE AREA CODE) ()	FAX NUMBER (INCLUDE AREA CODE) ()	PAGER NUMBER (INCLUDE AREA CODE) ()	CELLULAR NUMBER (INCLUDE AREA CODE) ()

Section Three: Contractor Certification

You must sign, date, and return this form.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct and that I will notify DSHS of any changes in any statement.

SIGNATURE	DATE	PRINTED NAME	TITLE
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