

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.
- If you need to update your self-reported or certified status as a Women Owned Business Enterprise (WBE), Minority Owned Business Enterprise (MBE), Veteran Owned Business Enterprise (VBE), Disadvantaged Business Enterprise (DBE), or Micro-, Mini-, or Small Business, 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:	
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 Dun and Bradstreet (DUNS):	UBI: DUNS:
Primary Contact Name:	
Primary Phone Number:	
Primary Email:	
Primary Fax:	
Primary Address:	
Name of Person who signs DSHS Contracts:	

Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for this DSHS Contract.

- Is the primary address listed above the address DSHS should use for this contract? Yes No
(If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2.**)
- Is the primary contact name listed above the person DSHS should contact for this contract? Yes No
(If your answer is yes, proceed to next bullet. If your answer is no, provide the contact person for this contract on **Page 2.**)
- Will the person who signs DSHS contracts listed above be signing this DSHS contract? Yes No
(If your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2.**)

Section Three: Information Update Authorization

Please insert today's date () as the date you updated your contractor information. Please insert your name and title (,) as the person authorized to update your contractor information.

E-mail or fax your completed form to the person who sent you this form.

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
 Is the contact person a contact for this DSHS contract? 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 PHONE NUMBER (INCLUDE AREA CODE) ()

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

Person authorized to sign 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
 Is the contact person a contact for this DSHS contract? 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 PHONE NUMBER (INCLUDE AREA CODE) ()

Section Four: 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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