

DIVISION OF VOCATIONAL REHABILITATION  
**DVR Additional Contractor Information**

<b>1. Contractor Information. Please PRINT clearly in all boxes, except for signature box.</b>	
CONTRACTOR NAME AS REGISTERED WITH THE IRS	CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT
<b>2. Contracting Information</b>	
A. Years of experience your organization has providing the type of services purchased through this contract? years	
B. Is this the first contract with DSHS or other state agencies for your organization? <input type="checkbox"/> Yes (skip to C) <input type="checkbox"/> No	
B.1. Is your organization currently or has your organization been the subject of any investigation or finding(s) due to a DSHS or other state agency investigation regarding the performance of a criminal act, abridgement of human rights, or improper billing practices? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide details below or on a separate sheet of paper.	
B.2. Has your organization had a contract terminated for default by DSHS or other state agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
B.3. Have you received any audit findings related to state contracts in the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
C. Do you currently have other active DSHS, state agency, or other government contracts? <input type="checkbox"/> Yes (How many: ) <input type="checkbox"/> No	
C.1. Do you have contract(s) or receive funds for the provision of similar services as purchased through this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
D. Do you have any unresolved invoicing or service issues with any current contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
<b>3. Contractor Financial Information</b>	
Please provide your company's Statewide Vendor Number (SWV) as assigned by the Department of Enterprise Services (DES): SWV number If you have not yet received a SWV number, please provide the date you submitted the registration paperwork to DES:	
<b>4. Signature</b>	
CONTRACTOR'S SIGNATURE	DATE
PRINTED NAME	TITLE