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| **Section One: Contractor Name/Business Information** | | | |
| 1. CONTRACTOR/BUSINESS NAME | 2. DBA OR FACILITY NAME | | |
| 3. BUSINESS ORGANIZATION  Individual or Sole Proprietor  General Partnership  Non-Profit Corporation (**Attach a copy** of 501(c) status)  Limited Liability Partnership (LLP)  For Profit Corporation  Limited Liability Limited Partnership (LLLP)  Faith Based (FBO) Non-Profit Corporation  Limited Liability Company, filing as a Corporation  Faith Based (FBO) Unincorporated  Limited Liability Company, filing as a Partnership  Governmental Entity  Limited Liability Company, filing as a Sole Proprietor  Foreign Person or Entity  If your business is **NOT** a sole proprietorship, please **attach a list** of the partners, members, directors, officers, and board members. | | | |
| 4. TAXPAYER IDENTIFICATION NUMBER (TIN)   * For individuals, this maybe your Social Security Number (SSN) * For other entities, it is your Employer Identification Number (EIN) | Enter your TIN on the appropriate line:  **Social Security Number**  **Employer Identification Number** | | Enter all 9 numbers,  NO DASHES  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. DEFAULT REPORTED, FISCAL YEAR, UBI NUMBER, BUSINESS LICENSE   * Have you ever had any contract(s) with the state terminated for default?  Yes  No   If yes, **attach a list** of terminated contracts with an explanation why each contract was terminated   * Is your fiscal year end the same as the calendar year (January 1 through December 31)?  Yes  No   If no, what is your fiscal year end date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * What is your Washington State Uniform Business Identifier (UBI Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (Enter all 9 numbers, NO DASHES)   * **Attach** a copy of your current Washington State Master Business License   **If you do not have a Washington State Master Business License, attach an explanation why you are exempt from registering your business with the State of Washington** | | | |
| 6. CONTRACTOR OWNERSHIP TYPE  In your opinion, do you consider your business to be one or more of the following? If so, please check the box(s) that apply. If your business is Certified by Washington State’s Office of Minority and Women Owned Business Enterprises (OMWBE) <http://www.omwbe.wa.gov>, or Department of Veterans Affairs (DVA), enter the certification number.   |  |  | | --- | --- | | Disadvantaged Business Enterprise  Yes \_\_\_\_\_\_\_\_\_\_\_ | Community Based Organization  Yes \_\_\_\_\_\_\_\_\_ | | Women Owned Business Enterprise  Yes \_\_\_\_\_\_\_\_\_\_\_ | Microbusiness  Yes \_\_\_\_\_\_\_\_\_ | | Minority Owned Business Enterprise  Yes \_\_\_\_\_\_\_\_\_\_\_ | Minibusiness  Yes \_\_\_\_\_\_\_\_\_ | | Veteran Owned Business Enterprise  Yes \_\_\_\_\_\_\_\_\_\_\_ | Small Business  Yes \_\_\_\_\_\_\_\_\_ | | | | |
| **Section Two:** Contractor Contact and Signatory Person | | | |
| 7a. SIGNATORY PERSON (PERSON AUTHORIZED TO SIGN CONTRACTS)  Signatory person is a(n):  Owner  Officer or Board Member  Partner  Staff Member  Elected Official  Other (please identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7b. SIGNATORY NAME AND TITLE | 7c. EMAIL ADDRESS | | |
| 7d. PHONE NUMBER (INCLUDE AREA CODE) | 7e. FAX NUMBER (INCLUDE AREA CODE) | 7f. CELLULAR PHONE NUMBER (INCLUDE AREA CODE) | |
| 8A. PRIMARY CONTACT PERSON (IF DIFFERENT THAN THE SIGNATORY PERSON)  Primary Contact person is a(n):  Owner  Officer or Board Member  Partner  Staff Member  Elected Official  Other (please identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person authorized to sign contracts:  Yes  No | | | |
| 8B. PRIMARY CONTRACT NAME AND TITLE | 8C. EMAIL ADDRESS | | |
| 8D. PHONE NUMBER (INCLUDE AREA CODE) | 8E. FAX NUMBER (INCLUDE AREA CODE) | 8F. CELLULAR PHONE NUMBER (INCLUDE AREA CODE) | |
| **Section Three:** Address Information | | | |
| 9A. PRIMARY ADDRESS (NUMBER, STREET AND APARTMENT OR SUITE NUMBER) | | | |
| 9B. CITY | 9C. STATE | 9D. ZIP CODE | |
| **10A. ADDITIONAL ADDRESS** | | | |
| 10B. DESCRIPTION  FACILITY ADDRESS  MAILING ADDRESS | 10C. ADDRESS (NUMBER, STREET AND APARTMENT OR SUITE NUMBER) | | |
| 10D. CITY, STATE, ZIP CODE | | |
| **11A. ADDITIONAL ADDRESS** | | | |
| 11B. DESCRIPTION  FACILITY ADDRESS  MAILING ADDRESS | 11C. ADDRESS (NUMBER, STREET AND APARTMENT OR SUITE NUMBER) | | |
| 11D. CITY, STATE, ZIP 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 DCYF of any changes in any statement.** | | | |
| SIGNATURE DATE | PRINTED NAME | | |
| TITLE | | |