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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 EntityIf 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 TYPEIn 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.

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| 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 \_\_\_\_\_\_\_\_\_ |

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| **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 |