Washington State Department of CHILDREN, YOUTH & FAMILIES

JR Contractor Information

Section 1: Contractor Name/Business Information

Contractor/Business Name _____

DBA or Facility Name _____

Business Organization _____

✓	Business Type	✓	Business Type
☐	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.

1. **Taxpayer Identification Number (Tin)** Enter your TIN on the appropriate line. Enter all 9 numbers, NO DASHES
   - For individuals, this maybe your Social Security Number (SSN) _____
   - For other entities, it is your Employer Identification Number (EIN) _____

2. **Default Reported, Fiscal Year, UBI Number, Business License**

   A. 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

   B. 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? _____

   C. What is your Washington State Uniform Business Identifier (UBI Number)? (*Enter all 9 numbers, NO DASHES*)
   _____

   D. 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

3. **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.

✓	Ownership Type	Certification Number	✓	Ownership Type	Certification Number
☐	Disadvantaged Business Enterprise		☐	Community Based Organization	
☐	Women Owned Business Enterprise		☐	Micro-business	
☐	Minority Owned Business Enterprise		☐	Mini-business	
☐	Veteran Owned Business Enterprise		☐	Small Business	

Section 2: Contractor Contact and Signatory Person

Signatory Person (*Person Authorized to Sign Contracts)*

✓	Signatory person is a(n):	✓	Signatory person is a(n):
☐	Owner	☐	Officer or Board Member
☐	Partner	☐	Staff Member
☐	Elected Official	☐	Other (Please identify):

Signatory Name _____ Title _____

Email Address _____ Business Phone Number _____

Fax Number _____ Cellular Phone Number _____

Primary Contact Person (*If Different than the Signatory Person*)

✓	Primary contact person is a(n):	✓	Primary contact person is a(n):
☐	Owner	☐	Officer or Board Member
☐	Partner	☐	Staff Member
☐	Elected Official	☐	Other (Please identify):

Signatory Name _____ Title _____

Email Address _____ Business Phone Number _____

Fax Number _____ Cellular Phone Number _____

Section 3 Address Information

Primary Address (Include Apartment or Suite Number)

_____

CITY _____ State _____ Zip Code _____

Additional Address 1

☐ Facility Address ☐ Mailing Address

Address (Include Apartment or Suite Number)

_____

CITY _____ State _____ Zip Code _____

Additional Address 2

Address (Include Apartment or Suite Number)

_____

CITY _____ State _____ Zip Code _____

Section 4: Contractor Certification

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.

You must sign, date and return this form

Printed Name _____ Title _____

Signature _____ Date _____