



Office of Financial Management

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INSTRUCTIONS FOR COMPLETING THE AGENCY PROVIDER CHANGE FORM FOR THE WASHINGTON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

The Registration Change form should be used to perform one of the following:

- Change the authorized contact person.
- Change the "Doing Business As" (DBA) name.
- Change the telephone number.
- Change the email address (for remittances and correspondence).
- Change the mailing address.
- Add additional business locations under the same Taxpayer Identification Number

Please Note: If writing instead of typing, please PRINT clearly in Dark Blue or Black Ink. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.

PART A Identification Details:

- You MUST provide your Statewide Vendor Number.
- If you do not know your Statewide Vendor Number use the link provided - <http://des.wa.gov/vendorlookup>
- You MUST provide your legal name as it appears with the IRS
- You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN). Do not provide both.

PART B Changes to Be Made:

- Only enter on the fields you wish to change. You may leave the rest blank.
- Use the checkboxes provided if you wish to add or remove an additional location to your existing record. You must fill out a form for each location desired.

When you are finished, sign and date at the bottom of the document.

- Please sign with a pen (a "wet signature").
Electronic, inserted or stamped signatures will not be accepted.
- This form is not considered valid unless it is signed.

IMPORTANT: If doing the following, do not fill out this form.

You MUST submit a new Registration (W9) form to:

- Change the Taxpayer Identification Number (TIN) OR
- Change the Legal name

For questions, please contact the Department of Children, Youth and Families at 360-664-6161

Or by email at ProviderFileUnit@dshs.wa.gov

Submitting the Department of Children, Youth and Families Payee Change Form:

- Please PRINT and SIGN the completed form
- SCAN to PDF format and Email to: ProviderFileUnit@dshs.wa.gov
OR
- FAX to: (360) 902-8268
OR
- MAIL to: DCYF, PO Box 45812, Olympia, WA 98504

