



<b>CONTRACTOR (LEGAL NAME OF ENTITY)</b>	
<b>ADDRESS FOR THE PRINCIPLE PLACE OF BUSINESS</b>	
<b>CITY, STATE, ZIP:</b>	
<b>TELEPHONE</b>	

<b>STRUCTURE (CORPORATION, PARTNERSHIP, SOLE PROPRIETORSHIP, ETC.)</b>	
<b>YEAR ESTABLISHED</b>	

<b>FEDERAL EMPLOYER ID</b>	
<b>WASHINGTON UBI (REVENUE REGISTRATION NUMBER)</b>	

**NAME, TITLE, ADDRESS, EMAIL, PHONE, AND FAX NUMBERS FOR CONTRACTOR’S RFP CONTACT.**

<b>NAME AND TITLE</b>	
<b>ADDRESS:</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE:</b>	
<b>FAX:</b>	
<b>E-MAIL</b>	

**PRINCIPLE OFFICERS (E.G.: PRESIDENT, VICE PRESIDENT, TREASURER, BOARD CHAIRPERSON)**

NAME	TITLE	EMAIL ADDRESS

**CONTRACTOR'S EMPLOYEE RELATIONSHIP TO STATE OF WASHINGTON**

If the Contractor or any party named above was, or is, an employee of WA State during the past 24 months, the following information is required: If none, indicate “not applicable”.

NAME	AGENCY	TITLE	SEPARATION DATE

**PERSONS EMPLOYED BOTH BY CONTRACTOR AND STATE OF WASHINGTON**

Contractors employing or having on their governing board as of the date of their proposal, WA State employees, or former WA State employees, shall identify such persons and their position and responsibilities within the Contractor’s organization. If none, indicate “not applicable”.

NAME	AGENCY	TITLE	SEPARATION DATE (OR N/A)
Responsibilities:			
Responsibilities:			