

Instructions For Completing the Supplier Change Form

The Change Form should be used to perform the following:

- Change the contact person or add an additional contact person.
- Change the “Doing Business As” (DBA) name.
- Change the phone number.
- Change the mailing address.
- Change the email address (for remittances and correspondence).
- Add additional records under the same Taxpayer Identification Number (TIN).

Note:

If writing instead of typing, PRINT clearly in blue or black ink only. 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 Supplier Number.
- If you do not know your Supplier Number use the [SUPPLIER LOOKUP](#) page.
- You MUST provide your legal name as filed with the IRS.
- You MUST provide your DBA if you have one.
- You MUST provide your 9-digit Social Security Number (SSN) OR Employer Identification Number (EIN). Do NOT provide both. Do NOT include any hyphens.

Part B – Changes to Be Made:

- If you are a business, a contact person’s name MUST be provided.
- Use the check boxes provided if you wish to change an existing record or add an additional record. You must complete the entire form for each additional record.

Signature Block:

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 you wish to change your legal name or IRS tax classification, DO NOT fill out this form. Please complete a supplier registration form.

Submitting the Supplier Change Form:

PRINT and SIGN the completed form then

- SCAN to PDF format and EMAIL to: supplierforms@ofm.wa.gov
 - FAX to: (360) 664-3363
 - MAIL to: Statewide Registration, PO Box 41450, Olympia, WA 98504-1450
- OR
- COMPLETE ELECTRONICALLY via DocuSign through our website at www.ofm.wa.gov/statewideregistration

For questions about the form, contact the Statewide Registration Unit at (360) 407-8180. For any other questions, please contact the agency you are expecting payment from



PLEASE DO NOT STAPLE

Supplier Change Form

Important: For changes to existing registrations, you will be contacted via your registered email or physical mailing address to verify this change. Changes will not take effect until we have been able to successfully confirm the change with the contact person on file.

PART A: Enter Identification Details – ALL FIELDS REQUIRED

Supplier Number:

SPL

Legal Name: _____

DOING BUSINESS AS (DBA): _____

Taxpayer Identification Number:
(SSN or EIN, do not include hyphens)

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PART B: Update Existing Record or Add New Record

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Update: Check this box to change an existing record.

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Add: Check this box to add an additional record, complete entire form.

DBA (Doing Business As): _____

Telephone Number: _____

Mailing Address: _____
(Number, street, and apt, or suite number)

City, State, and ZIP code: _____

Contact Person 1: _____

Contact Person 1 Phone: _____

Contact Person 1 Email: _____

Contact Person 2 (optional): _____

Contact Person 2 Phone: _____

Contact Person 2 Email: _____

Authorized Representative (Please Print)

Title

SIGNATURE of Authorized Representative

Date: This form is valid for 90 days