



Instructions for Completing Customer Registration / Change Form

The Registration/Change Form should be used to perform the following:

- Register for a new statewide customer.
- Changes to an existing customer record. To find customers in Workday, use the 'View Customer' Report.
- If changing an existing record, please complete the form in its entirety.
- An (*) indicates a required field.

Agency block:

- Include the agency abbreviation.
- Enter the first and last name of individual submitting the form.
- Enter the requestor's email.
- Enter today's date.

Part A – New Registration or Update Existing Customer Record:

- Indicate if this is a new registration. If not, enter the customer number.

Part B – Customer Information:

- Provide a legal name. If an individual, include first and last name.
- Provide a Doing Business As (DBA) if there is one.
- Select document delivery option. Both options, email and mail, can be selected for document delivery. If only one option is selected, documents will be delivered through that option.
- Provide a primary contact department (e.g. Accounts Payable) or a person's name. Include both first and last name.
- Provide primary address and email. If an alternate address is needed, please complete additional contact information.
- A complete list of contacts for each customer can be viewed on the 'View Customer' report under the customer contacts tab. The comments for each customer contact will include the state agency(s) that use that contact.
- Please enter the full address on the Mailing Address line. If using a foreign address, please include all country information.
- DES only: Provide the Business Lines(s) for the contact.

Submit the Customer Registration / Change Form to customerforms@ofm.wa.gov

Customer Registration/Change forms may take seven to ten business days to process.

For questions about the form, please contact Statewide Registration at (360) 407-8180.

* REQUIRED FIELDS



Customer Registration / Change Form

*Agency: _____

*Contact Name: _____

*Contact email: _____

*Date: _____

PART A – New Registration or Update Existing Customer Record

New Registration? Yes No (If no, enter CST number below)

CUSTOMER NUMBER:

CST	
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PART B – Customer Information

1. *Customer Legal Name – *If an individual, include first and last name*

2. *Business Name, *if different from Legal Name above – e.g. Doing Business As (DBA) Name*

3. *Document Delivery Method(s):

Email Mail

* Primary Customer Contact Information

4. *Contact: _____

5. Telephone: _____

6. *Mailing Address: _____

*City: _____ *State: _____ *Zip code: _____

7. *Email: _____

8. DES Business Line(s): _____

Additional Customer Contact Information

9. Contact: _____

10. Telephone: _____

11. Mailing Address: _____

City: _____ State: _____ Zip code: _____

12. Email: _____

13. DES Business Line(s): _____

Additional Customer Contact Information

14. Contact: _____

15. Telephone: _____

16. Mailing Address: _____

City: _____ State: _____ Zip code: _____

17. Email: _____

18. DES Business Line(s): _____

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