WASHINGTON STATE
Office of Financial Management

# DCYF Provider Change Form

## Instructions for Completing the DCYF Provider Change Form

**The Change Form should be used to perform the following:**

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

**Note:**
If writing instead of typing, please 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 Statewide Vendor Number.
- If you do not know your Statewide Vendor Number use the VENDOR LOOKUP page.
- Business or Individual Name (as submitted for your SWV#): Check one box and fill in the matching field.
    - Legal Business Name – if registering as a business or organization (payment goes to the business).
    - Individual's Name – if registering as an individual (payment goes to you personally).
- You MUST provide your DBA if you have one.
- You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN).

**Part B – Changes to Be Made:**

- All fields in Part B are required, except DBA.
- If you are a business, a contact person's name MUST be provided.
- Use the check boxes provided if you wish to add an additional record or update an existing record.

**Signature Block:**

- 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 you wish to change your legal name or IRS Tax Classification type, DO NOT fill out this form. Please complete a registration form.

**Submitting the DCYF Provider Change Form:**
Please PRINT and SIGN the completed form
SCAN to PDF format and EMAIL to: ProviderFileUnit@dshs.wa.gov
MAIL to: DCYF, PO Box 45812, Olympia, WA 98504

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

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Important: For updates to existing records, you will be contacted via the email or physical mailing address on file. Updates will not take effect until we have been able to verify the changes with the contact person on file.

**PART A: Enter Identification Details** – ALL FIELDS REQUIRED (Except DBA)

Statewide Vendor Number: **S W V** _____ - _____

Business or Individual Name (as originally submitted):

☐ Legal Business Name: _____

☐ Individuals Name:

First Name: _____ Last Name: _____

Doing Business As (DBA): _____

Taxpayer Identification Number (SSN or EIN): _____

SSPS # (if known): _____ Merit Provider # (if known): _____ Merit Stars # (if known): _____

**PART B: Update Existing Record or Add New Record** - All fields in Part B are required, except DBA.

☐ **Update:** Check this box to update an existing record.

☐ **Add:** Check this box to add a new record without changing the existing one.

Contact Person- First Name: _____ Last Name: _____

DBA (Doing Business As): _____

Telephone Number: _____

Email: _____

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

City: _____ State: _____ ZIP code: _____

_____
Authorized Representative (Please Print)

_____
Title

_____
SIGNATURE of Authorized Representative

_____
Date: This form is valid for 90 days