# Contractor Information Update (for existing THA Contractors)

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| **Section One: This section is for existing Contractors to provide current information as applicable.****(THA staff enter in OD Contractor Information)** |
| * Please complete your contact name, address, or name of person authorized to sign THA contract, and enter those in the right column
* If you need to update other information on record, you must complete a **New** Contractor Intake Form. *Contact the person who sent you this form*.
* If you need to update your self-reported or certified status as a Women Owned Business, Minority Owned Business. Veteran Owned Business, Disadvantage Business, Micro-, Mini-, or Small Business, you must complete a **New** Contractor Intake Form. *Contact the person who sent you this*.
 |
| 1. CONTRACTOR NAME
 |  DBA OR FACILITY NAME |
| 1. TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box.* + For individuals, this may be your Social Security Number (SSN).
	+ For other entities, it is your Employer Identification Number.
 | **Social Security Number****OR****Employer Identification Number** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Enter all 9 numbers, NO DASHES)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Enter all 9 numbers, NO DASHES) |
| **Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for the THA Contract. (THA staff enter in OD Contractor Information)** |
| CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) |
| CITY, STATE, AND ZIP CODE |
| PRIMARY PERSON WHO SIGNS THA CONTRACTS |
| PRIMARY CONTACT PERSON |
| PRIMARY PERSON EMAIL ADDRESS | PRIMARY PERSON PHONE NUMBER (INCLUDE AREA CODE)**( )**  |
| * Is the primary address listed above the address THA should use for this contract? [ ]  Yes [ ]  No

(If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2**.)* Is the primary contact’s name listed above the person THA should contact for this contract? [ ]  Yes [ ]  No

(if your answer is yes, proceed to next bullet. If your answer is no, provide the contract person for this contract on **Page 2**.)* Will the person who signs THA contracts listed above be signing this THA contract? [ ]  Yes [ ]  No

(if your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2**.) |
| **Section Three: Information Update Authorization**  |
| Please enter today’s date **\_\_\_/\_\_\_/\_\_\_\_\_** as the day you updated your contractor information. Please enter your name and title **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** as the person authorized to update your contractor information.*Email your completed form to the person who sent you this form.* |
| **Contact THA should use for this Contract****(If you have additional contact persons for this Contract, attach a listing of additional contact persons)** |
| Contact person is a(n):[ ] Owner [ ] Officer or Board Member [ ] Partner [ ] Staff Member [ ] Elected Official[ ] Other (please identify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (THA staff enter as applicable on OD) Is the primary contact person authorized to sign contracts? [ ] Yes [ ] No If No, Please fill out Section Below (((BELOW(below) |
| PRIMARY CONTACT NAME AND JOB TITLE | PHONE NUMBER (INCLUDE AREA CODE)**( )**  |
| PRIMARY CONTACT EMAIL ADDRESS | CELLULAR PHONE NUMBER (INCLUDE AREA CODE) **( )**  |
| **Person who will be signing this Contract****(If the contact person entered above will also sign this Contract, you don’t need to enter their information again.)** |
| Authorized Signature person is a(n):[ ] Owner [ ] Officer or Board Member [ ] Partner [ ] Staff Member [ ] Elected Official[ ] Other (please identify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (THA staff enter as applicable on OD) Is this person authorized to sign contracts? [ ] Yes [ ] No |
| AUTHORIZED SIGNATURE’S NAME AND JOB TITLE | AUTHORIZED SIGNATURE’S CONTACT EMAIL ADDRESS |
| **Address THA should use for This Contract****(If you have additional address for this Contract, attach a listing of additional addresses.)** |
| ADDRESS DESCRIPTION  | ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)  |
| [ ]  Remittance address [ ]  Mailing address [ ]  Facility address |
|  CITY, STATE, AND ZIP CODE  |
| CONTACT NAME AND JOB TITLE | PHONE NUMBER (INCLUDE AREA CODE)**( )**  |
| CONTACT EMAIL ADDRESS | CELLULAR PHONE NUMBER (INCLUDE AREA CODE)**( )**  |

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| **Section Four: Contractor Certification (THA staff enter in OD Contractor Information)** |
| **You must sign, date, and return this form.** |
| I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify THA of any changes in any statement. |
| SIGNATURE | DATE |
| PRINTED NAME | TITLE |