

**Additional Details**

**Please check all that apply:**

- Wheelchair accessible
- Operated by a Registered Nurse (RN)
- Operated by a Licensed Practical Nurse (LPN)

**Language Capability:**

- American Sign Language     Amharic     Cambodian
- Cantonese     Czech     Dutch     Farsi     Finnish
- French     German     Greek     Hindi     Hungarian
- Ilocano     Italian     Japanese     Korean     Laotian
- Mandarin     Norwegian     Polish     Portugese
- Romanian     Russian     Samoan     Yugoslav

Other \_\_\_\_\_

**Contractor Ownership Type**

In your opinion, do you consider your business to be one or more of the following? If so, please check the boxes that apply

If your business is Certified by Washington State’s Office of Minority and Women Owned Business Enterprises (OMWBE) <http://www.omwbe.wa.gov>, or Department of Veterans Affairs (DVA), enter the certification number.

	YES	NO
Disadvantaged Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>
Woman Owned Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>
Minority Owned Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Owned Business Enterprise	<input type="checkbox"/>	<input type="checkbox"/>
Community Based Organization	<input type="checkbox"/>	<input type="checkbox"/>
Microbusiness	<input type="checkbox"/>	<input type="checkbox"/>
Minibusiness	<input type="checkbox"/>	<input type="checkbox"/>
Small Business	<input type="checkbox"/>	<input type="checkbox"/>

**List each individual authorized to sign contracts:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers?**

Yes       No