

## Application Checklist

(CSD Mental Incapacity Evaluations)

Complete and return this form as part of your application packet.

APPLICANT	CSD USE ONLY
<b>Applicant Name:</b> (please print)	<b>Applicant Name:</b> (please print)
<input type="checkbox"/> Contractor Intake Form	<input type="checkbox"/> Contractor Intake Form
<input type="checkbox"/> Statement of Agreement for Mental Incapacity Evaluation Contractors	<input type="checkbox"/> Statement of Agreement for Mental Incapacity Evaluation Contractors
<input type="checkbox"/> Copy of Washington State Professional or Medical License	<input type="checkbox"/> Copy of Washington State Professional or Medical License
<input type="checkbox"/> Copy of Washington State Master Business License (UBI)	<input type="checkbox"/> Copy of Washington State Master Business License (UBI)
<input type="checkbox"/> Copy of Certificates of Insurance <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability ( <b>DSHS as Certificate Holder*</b> )	<input type="checkbox"/> Copy of Certificates of Insurance <input type="checkbox"/> Professional Liability <input type="checkbox"/> General Liability ( <b>DSHS as Certificate Holder*</b> )
<input type="checkbox"/> Curriculum Vitae or Resume	<input type="checkbox"/> Curriculum Vitae or Resume
<input type="checkbox"/> Applicant Certification and Assurances Form	<input type="checkbox"/> Applicant Certification and Assurances Form
<input type="checkbox"/> Sent W-9 & SWV Form <b>** DO NOT include this form in your application packet **</b>	
_____ Signature <span style="float: right;">Date</span>	Evaluator's initials _____ Date _____

\* DSHS Enterprise Risk Management Office, Insurance Services, PO Box 45882, Olympia, WA 98504-5882