**Department of State Health Services (DSHS)**

**Contractor/Vendor Signature Authority or Contact Person Change Request Form**

**To submit a change in Contractor/Vendor Signature Authority or Contact Person, please complete the information below. The form must be completed and sent to the CMS correspondence email box at** [**DSHSDocusign@dshs.texas.gov**](mailto:DSHSDocusign@dshs.texas.gov)**.**

**If you have questions about the request form, you may email Lillie McMillian at Lillie.McMillian@dshs.texas.gov.**

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| **CONTRACTOR/VENDOR INFORMATION** | | | | | | | | | | | | | |
| **1) LEGAL BUSINESS NAME :** | | | | |  | | | | | | | | |
| **2) MAILING Address** **Information** (include mailing address, street, city, county, state and 9-digit zip code): | | | | | | | | | | |  |  | |
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| **Authorized Signature Representative:** | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | | | Ext. |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
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| **Executive Director:** | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | | Ext. | |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
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| **Project Contact:** | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | Ext. | | |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
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| **Financial Contact:** | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | Ext. | | |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
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| **Emergency Contact**: | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | Ext. | | |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
|  | | | | | | | | | | | | | |
| **Additional Contact:** | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | | | Ext. |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
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| **Additional Contact**: | | |  | | | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | | | | |
| **Title:** | |  | | | | | |  |  | | |  | |
| **Phone:** | |  | | | Ext. | | |  |  | | |  | |
| **Fax:** | |  | | | | | |  |  | | |  | |
| **E-mail:** | |  | | | | | |  |  | | |  | |
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