**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****.**

**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): |  |  |
|  |                 |
|  |
| **Authorized Signature Representative:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Executive Director:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Project Contact:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Financial Contact:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **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:** |       |  |       |  |
|  |
| **Additional Contact**: |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
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