## Certify: I ran one of the DW reports FR053 or FR057, to review vendor data for correctness.

- If there is no data on FR053 or FR057, do not submit this form. Instead, submit a 1/3 New Vendor Form.
- If all information on FR053 or FR057 is correct, do not submit this form. Submit a 1/3 New Vendor Location Form.
- If a new address is already on FR053 or FR057, do not submit this form. Instead, use the existing vendor code.

## Check the appropriate box(es) below. \* Attach a W-9 form for a Legal Name or 1099 Classification change \*

Address Change

Legal Name Change\*

1099 Classification Change

Other

If the	'Other'	hox is a	checked	enter v	our real	iested	change	helow	including	details	/snecifics
II LIIC	Other	DOV 12 (	LIIELKEU,	CIILEI Y	oui ieqt	acsicu '	CHAILE	DCIUW,	miciuumig	uetaiis	specifics.

the ' <i>Other'</i> box is checked, enter your requested	d change below, including details/specifics.
Vendor Code to be updated:	
Current Vendor Legal Name:	<u> </u>
New Legal Name:	
New Alias/DBA:	
New 1099 Classification:	
ayment Address Information	
New Payment Optional Routing: (if applicable)	
New Payment Street Address:	
New Payment City, State, Zip:	
rdering Address Information	(If different from Payment address, include an explanation)
New Ordering Street Address:	
New Ordering City, State, Zip:	
Explanation:	
099 Address Information	(If different from Payment address, include an explanation)
New 1099 Street Address:	
New 1099 City, State, Zip:	
Explanation:	
equestor Information	
Requestor Name:	T
Requestor Agency Number:	
Requestor Phone:	
Requestor Email Address:	

Email this fully completed & certified form with a copy of a vendor invoice or a W-9 form to: DASVendorHelp@iowa.gov Or send form by local mail to DAS-SAE, 3<sup>rd</sup> Flr, Hoover Bldg, Attn: DAS Vendor Help Or fax the information to 515-281-5255, Attn: DAS Vendor Help

## For DAS-SAE use only:

Headquarters TIN No			TIN Type:	EIN	SSN
Organization Type:	Individual	Company	1099 Classification:	•	
Location Name:			FR053 review:		
I/3 Document ID No.	_		Vendor No. update	ed:	Address ID