

Instructions:

- For response to an Electronic State Business Daily (ESBD) posting, follow the instructions in the ESBD posting, otherwise submit updated forms to the Quality Assurance Specialist for VR (Q) or Regional Program Support Specialist (RPSS).
- Follow instructions on the form and in the TWC VR Standards for Providers.
- Type all information on form using a computer and get all required signatures.
- Complete all sections of the form. Record "N/A" (not applicable) if a question does not apply.
- Keep a copy of your submitted form with attachments and supporting documentation for your records.

Reason for Submission

Date of submission:

Application package

Solicitation ID:

Update of information due to change in information on file.

Other Specify:

Parent Company Information

Parent Company: The business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers.

Business's legal name:

Business's "doing business as" (DBA) name:

Provide at least one of the following:

Employer Identification Number (EIN) (9 digits, issued by IRS):

Last four digits of the sole proprietor's Social Security Number:

TWC Acknowledgment and Signature

This acknowledgment is applicable to, and shall be considered active for, the following purposes:

- Processing of the respondent's application
- Execution of the initial award, if applicable
- Continuation of the contract life through subsequent execution of renewals and/or amendments and/or updating information on file with TWC as applicable

I, the legally authorized representative of the Parent Company named in this application:

- Must answer all questions on the VR3440A and VR3440B true and accurately;
- Acknowledges the Lowest List Price and TWC Discounted Price for all Hearing Aids and Accessories must be provided to TWC-VR;
- Acknowledges the business cannot hold the TWC-VR customer liable for any fees and charges related to the Hearing Aids and Accessories; and
- Acknowledges that the company must provide the manufacture 3-year warranty for hearing aids and 1-year for accessories with no deductible.

Failure to comply with the above statements could result in adverse consequences such as contract termination or the return of funds.

Legally authorized representative's printed name:

Title:

Legally authorized representative's handwritten signature:

X

Date:

Agency Use Only

Comments: