



Texas Workforce Commission
Vocational Rehabilitation Services
Entity's Physical Location(s) Part A -
Service Contracts Certification Statement

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:

Solicitation ID:

or Contract #:

Application package

Update of information due to change in information on file. For example, new physical location.

Other: Specify:

Entity's Information

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

Entity's legal name:

Entity'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:

Certification of Entity's Physical Location Status

Physical location: Is a location the contractor owns, leases, or uses as dedicated space to provide goods and/or services to customers and/or attend meetings with customers.

NOTE: Physical locations do not include community sites such as state, federal, city, county, or other public meeting spaces. Contractors that provide all services at community sites that are not owned or leased by the contractor are not required to maintain a physical location.

The entity has one or more physical locations as defined above. Yes No

If yes, a VR3442B MUST be completed for each location.

I, the legally authorized representative, have the authority to certify:

- all information on this form is true and accurate; and
the entity acknowledges it must update this form anytime information changes.

Typed name:

Handwritten Signature:

Date:

X