



Tribal Attestation Behavioral Health Agency License Application Packet

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In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Department of Health
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Application Instructions Checklist

When your application for a Tribal Behavioral Health Agency License is received by the Department of Health (DOH), it will be reviewed and you will be notified in writing of any outstanding documentation or attestation fees needed to complete the process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

Attestation Fee: Please pay the \$261 attestation fee with your application.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Facility/Agency Name: Enter the doing business as name. Name used on advertising, signs, and web sites.

Physical Address: Enter the facility's physical street location including city, state, zip code, and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

Agency email and web address: Enter the agency's email and web address, if applicable.

2. Key Individuals:

Administrator: Enter the administrator's name, email address, and phone number.

Contact Person: Enter the contact person's name, email address, and phone number.

Include Attestation Form with completed application and fee.



Date
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Revenue: 0597649550

Tribal Attestation Application for Behavioral Health Agency License

Section I: Demographic Information			
UBI #	Federal Tax ID (FEIN) #		
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip code	
Name of Agency as advertised on signs or website			
Physical Address			
City	State	Zip code	
Phone (enter 10 digit #)	Fax number		
Mailing Address			
City	State	Zip Code	
Agency Website Address		Agency Hours of Operation	

Section II: Key Individuals		
Agency Administrator		
Name:	Email:	Phone:
Agency Contact Person		
Name:	Email:	Phone: