



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37247

CHANGE OF PERSONAL/COMPANY INFORMATION FORM

SSAN#: _____ Or FEIN#: _____

Important- Please check one to specify whether you are:

a new vendor changing information adding another location, same tax identification number

Name: _____

(list only the name associated with the tax id number)

Mailing Address: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____

Effective Date for this change: _____

Name: _____

(printed name of authorized representative)

Title: _____

(if applicable)

Prior information that is or may be on our current files. *

Name: _____

(list only the name associated with the tax id number)

Mailing Address: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____

Are you a TN state employee? Yes No If no, are you a former TN state employee?

Yes No If yes, please indicate separation date _____

I, _____, verify the above information is complete and true.

(Signature of Vendor)

This information has been verified by Department Staff of _____

(Signature of Staff)

(Position)

Date: _____

*Old information is not needed if this is to add an additional location. Only lines that are to be changed need to be filled out. Example: To change PO Box at same office, completely fill out new address and list old PO Box number on Mailing address line. Please contact Ruma Purkayastha at (615) 253-3987, if you have any questions.