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| Texas Workforce Solutions logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Vehicle Modification Certification** | | |
| **Instructions**:   * For response to an Electronic State Business Daily (EBSD) 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. For example, qualifications change. | | | | |
| 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. | | | | |
| **Parent Company’ legal name**: | | | | |
| **Parent Company’ “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 above acknowledge the following statements:**   * Must have the TWC-VR Toll Free customer compliment or complaint number: 1-800-628-5115 displayed in the public’s view; * Must report abuse, neglect, or exploitation of customers to appropriate investigatory agency as defined in the VR  Standards for Providers Manual and to the VR counselor; * Must ensure accessibility and safety of customer when at business location; * Must answer all questions on the VR3440A and VR3440B true and accurately; * Must be an approved National Mobility Equipment Dealer Association (NMEDA); * Is required to provide equipment accepted for purchase as listed on the TTI/TWC website; * Must maintain any insurance prescribed in [VR-SFP Chapter 3: Basic Standards](https://twc.texas.gov/standards-manual/vr-sfp-chapter-03) and [VR-SFP Chapter 22: Vehicle Modifications](https://twc.texas.gov/standards-manual/vr-sfp-chapter-22); * Must have a technician certified by the National Mobility Equipment Dealers Association (NMEDA) on  staff for the VME being installed/purchased; * Must have a welder certified by the America Welding Society (AWS) to perform any welding that  may be necessary during VME installation; * Must modify vehicles for consumers of TWC according to specifications provided in the TWC Service Authorization (S/A); * Accepts TWC' final payment for service for consumers sponsored by TWC as fulfilling the Contractor's claim for those services; * Must not pursue the consumer, the consumer's parent or guardian, or any other individual for additional  payments without prior written approval from TWC; * Follows the manufacturer's recommended warranty schedule; * Must follow the manufacturer maintenance recommendation, at a minimum maintenance is performed at the  end of the 6th and 12th months of operation; and * Must provide preventive maintenance at no additional cost to VR.   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: | | | | |