



**The State of Rhode Island
Master Pricing Agreement (MPA) Application Form
CART Service Provider**

NAME: _____

ADDRESS: _____

MPA# _____

TYPE OF SERVICE: CART Service

Hour Rate: (Referring to the State Rate Chart): _____

Others, please specify: _____

Social Security Number or Federal Identification Number:

DATE: July 1, 2016 to June 30, 2019

PLEASE SUBMIT the W-9 and NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR FORMS. (Without the, the MPA blanket will not be completed.)

Vendor's Signature: _____

RI CDHH's Authorized Signature: _____