**Vendor Registration**

***Step-by-Step Instructions***

ALL STEPS ARE REQUIRED IN ORDER TO REGISTER AS A VENDOR WITH VR.

 

**Register with *MyFloridaMarketPlace (MFMP)*.**

[**CLICK HERE TO GET STARTED!**](http://vendor.myfloridamarketplace.com/)



**Complete the required electronic W-9 with the *Department of Financial Services.***

[**CLICK HERE TO COMPLETE**](https://flvendor.myfloridacfo.com/)**.**

**Complete the paper application and fax, or scan and e-mail it to VR VReg. Include**

 **requirements listed in Qualifications Manual**

**on the VR website,** [***Rehabworks***](http://www.rehabworks.org/)**. (*Contact information listed on last page of application.)***

***Once processed, you will be mailed notification of your registration. NOTE: Providers required to obtain background screenings will be sent instructions on how to submit screenings for final registration approval.***

**GET YOUR MONEY IN THE BANK!**

**SIGN UP FOR DIRECT DEPOSIT** [**HERE**](http://www.myfloridacfo.com/aadir/direct_deposit_web/vendors.htm)**.**

 **VENDOR APPLICATION COVER SHEET**

**Please attach your vendor application and any supporting documentation to this cover sheet when**

**submitting your request to the Division of Vocational Rehabilitation** **(DVR).**

**🗹 SELECT ONE OF THE FOLLOWING OPTIONS REGARDING YOUR APPLICATION SUBMISSION:**

**🞏 1. NEW APPLICATION (First-Time Applicants)**

***NOTE: MyFloridaMarketPlace*(MFMP) registration and W-9 submission *MUST* be completed *PRIOR* to submitting application.**

**🞏 2. RE- REGISTRATION (Renewals)**

**For groups, companies or individuals who have been approved as a vendor with VR in the past, but whose registration has become inactive and needs to be renewed.**

**🞏 3. UPDATE OR CHANGE IN VENDOR NUMBER\***

**For current VR vendors who are requesting to change their vendor number**

**(FEIN/TAX ID/ SSN)**

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**\*COMPLETE THIS SECTION IF OPTION #3 IS SELECTED\***

**CURRENT VENDOR NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEW VENDOR NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Indicate whether you will be providing services under both vendor numbers or if you wish to discontinue the use of the current vendor number.***

**🞏 KEEP CURRENT VENDOR ID NUMBER ACTIVE & ADD THE NEW ONE AS AN ADDITIONAL RECORD**

**🞏 DISCONTINUE USE OF CURRENT VENDOR ID NUMBER, MAKING IT INACTIVE FOR USE BY DVR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Authorized Signature Date Printed Name**



###### **STANDARD VENDOR APPLICATION**

**(*Please Type or Print the Following Information*)**

**MYFLORIDAMARKETPLACE VENDOR NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Business Federal Employer Identification or Individual Social Security Number**

**NAME OF BUSINESS (as registered in MyFloridaMarketPlace): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INDIVIDUAL’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please indicate the name of the individual for whom the application applies.**

**LOCATION ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **City State Zip Code + 4 Digit**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **City State Zip Code + 4 Digit**

**REMITTANCE ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **City State Zip Code + 4 Digit**

**TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT NAME AND TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT EMAIL ADDRESS AND PHONE NUMBER:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Email Address Phone Number**

**TYPE OF BUSINESS OR SERVICE FOR WHICH YOU ARE APPLYING FOR CERTIFICATION. Please choose**

**vendor service type as listed in the Vendor Qualifications Manual.**

**COMMERCIAL DRIVING SCHOOL**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS BUSINESS CLASSIFIED AS PRIVATE OR PUBLIC?**

**PRIVATE ENTITY** **[ ]  OR PUBLIC ENTITY** **[ ]**

**PROFESSIONAL LICENSE/CERTIFICATE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(e.g., medical license; real estate license; teacher’s certificate;**

**FRID/NRID certificate; etc.) If applicable, attach legible copy.**

###### **STANDARD VENDOR APPLICATION (Page 2)**

**(*Please Type or Print the Following Information*)**

**TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE DEPARTMENT OF EDUCATION?**

**Circle One: YES NO**

**IF YES, PLEASE INDICATE WHO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE READ AND SIGN BELOW:**

**We will accept and render services to clients of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief. I/We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.**

**Signature Date**

**Printed Name of Applicant**

**IS YOUR APPLICATION COMPLETE?**

* **Registered in MyFloridaMarketPlace**
* **Submitted the electronic W-9 to the Department of Financial Services**
* **Included “Type of Business or Service” for which you are applying for registration**
* **Included legible copy of professional licenses/certificates as outlined in the Vendor Qualifications Manual**

**Please mail or fax application and all required documents, if any, to:**

**Florida Department of Education**

**Division of Vocational Rehabilitation**

**Vendor Registration Unit**

**4070 Esplanade Way, 2nd Floor**

**Tallahassee, FL 32399-7016**

**Fax Number: 850-245-3394**

**If you have any questions that pertain to this application, please contact**

**Vendor Registration Unit at 866-580-7438 or 850-245-3401**

**We can also be contacted via email at**

**VRVendors@vr.fldoe.org**