



INSTRUCTIONS – HOW TO BECOME A VENDOR

Thank you for your interest in becoming a certified vendor with the Florida Department of Education, Division of Vocational Rehabilitation (DVR). We are pleased to have the opportunity to enter into this partnership with you to assist our consumer in preparing for, securing, regaining, or retaining employment.

To apply for certification, please complete the following:

- 1. Register with the MyFloridaMarketPlace (MFMP)** statewide electronic procurement system at: <https://vendor.myfloridamarketplace.com/>. This web-based procurement system is designed to streamline interactions between vendors and state government entities.

Registering with MFMP is a very important step because this system is essential in processing payments to a vendor for their commodities or services.

This online registration must take place prior to DVR's Standard Vendor Application process being finalized. If you experience problems completing your MFMP registration, please contact the MFMP Customer Service Help Desk at 1-866-352-3776.

***Vendors providing direct services to eligible customers are exempt from the 1% fee that MFMP usually charges, even though vendors must agree that they will accept the fee. There will be a disclaimer on all DVR authorizations that ensures that DVR vendors providing direct consumer services are not subject to this fee.

- 2. Complete the DVR Standard Vendor Application.**

This Standard Vendor Application must be completed, signed and dated. The application can also be found on our website www.rehabworks.org on the "Vendors" page.

- 3. Go to DVR's website at www.rehabworks.org** and click on the "Vendors" link and look at the "Vendor Qualifications Manual." In this manual you will find the type of services you wish to provide and the necessary qualifications and documents needed for submission to DVR to obtain certification.

If you have any questions, comments, or concerns please do not hesitate to contact Vendor Certification at 866-580-7438 or 850-245-3401.

We look forward to working with you in the future.

Vendor Certification



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: _____

City

State

Zip Code + 4 Digit

MAILING ADDRESS: _____

City

State

Zip Code + 4 Digit

REMIT ADDRESS: _____

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.

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.

