



Vendor Information Update

THIS FORM MUST BE COMPLETED BY THE VENDOR

****FEDERAL TAX ID NUMBER:** _____

****BUSINESS NAME:** _____

INFORMATION TO BE UPDATED: PHONE: { } FAX: { } ADDRESS: { } WITHDRAWAL: { }

PHONE NO. OLD: _____ NEW: _____

FAX NO. OLD: _____ NEW: _____

ADDRESS MUST BE UPDATED WITH MYFLORIDAMARKETPLACE (MFMP) PRIOR TO SUBMITTING THIS FORM TO THE DIVISION VOCATIONAL REHABILITATION (DVR). INFORMATION CAN NOT BE UPDATED BY VOCATIONAL REHABILITATION UNTIL MFMP HAS BEEN UPDATED. THE WEBSITE FOR MFMP IS [HTTPS://VENDOR.MYFLORIDAMARKETPLACE.COM](https://vendor.myfloridamarketplace.com). IF YOU EXPERIENCE PROBLEMS WITH UPDATING THE MFMP INFORMATION YOU MAY CALL 866-352-3776.

IF ADDRESS CHANGE APPLIES TO INDIVIDUAL PROVIDERS PLEASE ATTACH LIST.

ADDRESS(ES) TO BE CHANGED (CHECK ALL THAT APPLY)

MAILING []

OLD ADDRESS: _____

NEW ADDRESS: _____

REMITTANCE []

OLD ADDRESS: _____

NEW ADDRESS: _____

SERVICE SITE LOCATION []

OLD ADDRESS: _____

NEW ADDRESS: _____

****REQUESTOR'S SIGNATURE:** _____ **PRINTED NAME:** _____

****REQUESTOR'S CONTACT INFORMATION:**

PHONE: _____ **FAX:** _____ **EMAIL:** _____

VENDOR WITHDRAWAL REQUEST

I DO NOT WISH TO CONTINUE MY PARTICIPATION WITH THE FLORIDA DEPARTMENT OF EDUCATION'S VOCATIONAL REHABILITATION PROGRAM. PLEASE DISCONTINUE MY CERTIFICATION. (IF WITHDRAWAL APPLIES TO INDIVIDUAL PROVIDERS IN A GROUP PLEASE ATTACH LIST). ALSO, PLEASE PROVIDE FEDERAL TAX ID NUMBER AND BUSINESS NAME ON THIS FORM.

AUTHORIZED SIGNATURE FOR WITHDRAWAL

PRINTED NAME

TITLE

DATE

****REQUIRED**

ONCE FORM IS COMPLETE PLEASE FAX DIRECTLY TO THE VENDOR CERTIFICATION UNIT AT (850) 245-3394. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE VENDOR CERTIFICATION UNIT AT (850) 245-3401 OR BY E-MAIL AT VRVENDORS@VR.FLDOE.ORG