



Dear Applicant:

Thank you for your interest in becoming a Department of Education, Division of Vocational Rehabilitation (DOE/DVR) vendor. Please choose from this Standard Vendor Application the vendor type for which you are seeking registration. You are required to provide proof of applicable requirements and qualifications as per the VR Vendor Qualifications Manual. In order to be eligible for registration, potential providers must be authorized by the VR Vendor Registration Unit. Additionally, all potential providers must first register in MyFlorida Market Place (MFMP) and submit a substitute W-9 to the Department of Financial Services via the State of Florida Vendor website.

Please read all the instructions included in the application package carefully and complete each item as requested. Incomplete applications will result in process delays and possible denial. If you have any questions regarding the application package or process, please contact the Vendor Registration Unit at 866-580-7438 or 850-245-3401 or email at [VRVendors@vr.fldoe.org](mailto:VRVendors@vr.fldoe.org).

Please mail or fax completed applications and all required documentation to:

Division of Vocational Rehabilitation  
Vendor Registration Unit  
325 West Gaines Street, Suite 1144  
Tallahassee, Florida 32399-0400  
Fax Number: 850-245-3394

Thank you for your commitment to helping people with disabilities find and maintain employment and enhance their independence. We look forward to working with you.

Division of Vocational Rehabilitation  
Vendor Registration Unit

Enclosures: VR Standard Vendor Application

**Brent McNeal**

*Director, Division of Vocational Rehabilitation*

325 West Gaines Street, Suite 1144 • Tallahassee, FL 32399-0400

Toll Free: 1-800-451-4327 • 850-245-3399 • FAX: 850-245-3392 • [www.rehabworks.org](http://www.rehabworks.org)

TTY users dial 711 • VP users connect via VRS

VENDOR INFORMATION	
MYFLORIDA MARKET PLACE (Federal Tax ID) NUMBER:	
* EMPLOYER NAME:	
CONTACT PERSON'S NAME:	
* MAILING ADDRESS:	
City:	
State:	
Zip Code + Four Digits:	
* REMITTANCE ADDRESS:	
City:	
State:	
Zip Code + Four Digits:	
PRIMARY TELEPHONE NUMBER:	
FAX NUMBER:	
CONTACT NAME:	
CONTACT PHONE NUMBER:	
EMAIL ADDRESS:	

\* This information should be the same reflected in MFMP and on your registration with the Department of State, Division of Corporations

**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
STANDARD VENDOR APPLICATION**

**PLEASE LIST LOCATIONS WHERE CUSTOMERS WILL BE SERVED  
(Attach additional pages as necessary)**

**LOCATION 1:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**LOCATION 2:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**LOCATION 3:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Is each location fully accessible to persons with disabilities?      YES       NO

**OTHER LANGUAGES**

Could you assist customers in other languages?      YES       NO

Please mark all applicable:

American Sign Language    Spanish    Creole    Other (Please specify below)

**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
STANDARD VENDOR APPLICATION**

PLEASE CHOOSE VENDOR TYPE OR TYPES YOU ARE APPLYING FOR:		
Department of Health		
<input type="checkbox"/> Audiologist <input type="checkbox"/> Certified Nurse Assistant <input type="checkbox"/> Dental Laboratory <input type="checkbox"/> Dentists <input type="checkbox"/> Dietician Nutritionist-Licensed <input type="checkbox"/> Hearing Aid Specialist <input type="checkbox"/> Massage Therapists	<input type="checkbox"/> Mental Health Counselor <input type="checkbox"/> Nurses – RN or LPN <input type="checkbox"/> Occupational Therapists (OT or OT Assistant) <input type="checkbox"/> Opticians <input type="checkbox"/> Optometrists <input type="checkbox"/> Orthotist, Prosthetist, Pedorthetist <input type="checkbox"/> Pharmacy	<input type="checkbox"/> Physical Therapists (PT or PT Assistants) <input type="checkbox"/> Physicians <input type="checkbox"/> Psychologists <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Social Worker/Marriage and Family Therapists <input type="checkbox"/> Speech-Language Pathologist
Agency for Health Care Administration		
<input type="checkbox"/> Ambulatory Surgical Centers <input type="checkbox"/> Clinical Laboratories <input type="checkbox"/> Diagnostic Imaging Centers	<input type="checkbox"/> Health Care Clinic <input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Home/Durable Medical Equipment <input type="checkbox"/> Hospitals
Department of Agriculture		
<input type="checkbox"/> Automobile Repair Shop	<input type="checkbox"/> Health Studios	<input type="checkbox"/> Security Officer School/Training Facility
Department of Children and Family		
<input type="checkbox"/> Behavioral Analyst-Certified	<input type="checkbox"/> Child Care	
Education		
<input type="checkbox"/> Bilingual Interpreters <input type="checkbox"/> Commercial Diving School <input type="checkbox"/> Commercial Boat Operators Training Courses	<input type="checkbox"/> Commercial Driving <input type="checkbox"/> Post-Secondary or Adult Community Ed Public Schools <input type="checkbox"/> Post-Secondary Independent (Private) Schools	<input type="checkbox"/> Post-Secondary Schools (Out of State) <input type="checkbox"/> Real Estate School Proprietary

**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
STANDARD VENDOR APPLICATION**

**PLEASE CHOOSE VENDOR TYPE OR TYPES YOU ARE APPLYING FOR (cont.)**

**Other Goods and Services**

Services: Wholesale/Retail Sales and Services

Describe the goods or services you intend to provide to VR Clients:

**IS YOUR APPLICATION COMPLETE**

- Proof of applicable requirements and qualifications, based on the vendor type found in the VR Vendor Qualifications Manual
- List of areas and counties where services will be provided

Please mail, email or fax this application and all required documents to:

Florida Department of Education  
Division of Vocational Rehabilitation  
Vendor Registration Unit  
325 West Gaines Street, Suite 1144  
Tallahassee, Florida 32399-0400  
Fax Number: 850-245-3394  
Email: [VRVendors@vr.fldoe.org](mailto:VRVendors@vr.fldoe.org)

If you have any questions that pertain to this application, please contact the Vendor Registration Unit at 866-580-7438, or 850-245-3401.

**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
STANDARD VENDOR APPLICATION**

**CONFIDENTIALITY**

Access to a VR customer's confidential information must be safeguarded at all times. Such information shall not be used or disclosed for any purpose not in conformity with State and Federal laws and regulations without written consent of the customer or their parent, guardian, or other authorized representative.

**PLEASE READ AND SIGN BELOW**

I hereby acknowledge I am authorized to make application on behalf of the Provider to become an approved DVR Vendor. I further acknowledge that I have read and agree to be bound by the terms of registration outlined in this application and in section, 413.208, Florida Statutes. I acknowledge that the Provider is subject at all times to a due-diligence inquiry as to its fitness to undertake service responsibilities, and that the Provider's registration may be suspended pending such inquiry. If approved, we agree to accept and render services to customers of the Division of Vocational Rehabilitation (VR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Printed Name of Authorized Agent:

Date:

Signature:

**DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
STANDARD VENDOR APPLICATION**

**DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED**

**Vendor Name:**

**FEIN #:**

\_\_\_\_\_

**Name of Authorized Representative:**

**Signature:**

\_\_\_\_\_

**\* Check all that apply:**

- |  |  |  |   |   |  |
|--|--|--|---|---|--|
| <input type="checkbox"/> <b>Area One</b> | <input type="checkbox"/> <b>Area Two</b> | <input type="checkbox"/> <b>Area Three</b> | <input type="checkbox"/> <b>Area Four</b> | <input type="checkbox"/> <b>Area Five</b> | <input type="checkbox"/> <b>Area Six</b>   |
| <input type="checkbox"/> Escambia        | <input type="checkbox"/> Columbia        | <input type="checkbox"/> Lake              | <input type="checkbox"/> Pinellas         | <input type="checkbox"/> Charlotte        | <input type="checkbox"/> Miami-Dade        |
| <input type="checkbox"/> Santa Rosa      | <input type="checkbox"/> Union           | <input type="checkbox"/> Sumter            | <input type="checkbox"/> Hillsborough     | <input type="checkbox"/> Lee              | <input type="checkbox"/> Monroe            |
| <input type="checkbox"/> Okaloosa        | <input type="checkbox"/> Gilchrist       | <input type="checkbox"/> Seminole          | <input type="checkbox"/> Hernando         | <input type="checkbox"/> Collier          |  |
| <input type="checkbox"/> Walton          | <input type="checkbox"/> Dixie           | <input type="checkbox"/> Orange            | <input type="checkbox"/> Pasco            | <input type="checkbox"/> Hendry           |  |
| <input type="checkbox"/> Holmes          | <input type="checkbox"/> Clay            | <input type="checkbox"/> Osceola           |   | <input type="checkbox"/> Glades           | <input type="checkbox"/> <b>Area Seven</b> |
| <input type="checkbox"/> Jackson         | <input type="checkbox"/> St. Johns       | <input type="checkbox"/> Brevard           |   | <input type="checkbox"/> Manatee          | <input type="checkbox"/> Palm Beach        |
| <input type="checkbox"/> Washington      | <input type="checkbox"/> Nassau          | <input type="checkbox"/> Polk              |   | <input type="checkbox"/> Sarasota         | <input type="checkbox"/> Broward           |
| <input type="checkbox"/> Calhoun         | <input type="checkbox"/> Baker           | <input type="checkbox"/> Hardee            |   |   |  |
| <input type="checkbox"/> Liberty         | <input type="checkbox"/> Putnam          | <input type="checkbox"/> DeSoto            |   |   |  |
| <input type="checkbox"/> Bay             | <input type="checkbox"/> Duval           | <input type="checkbox"/> Highlands         |   |   |  |
| <input type="checkbox"/> Gulf            | <input type="checkbox"/> Alachua         | <input type="checkbox"/> Indian River      |   |   |  |
| <input type="checkbox"/> Franklin        | <input type="checkbox"/> Bradford        | <input type="checkbox"/> St. Lucie         |   |   |  |
| <input type="checkbox"/> Gadsden         | <input type="checkbox"/> Levy            | <input type="checkbox"/> Martin            |   |   |  |
| <input type="checkbox"/> Leon            | <input type="checkbox"/> Marion          | <input type="checkbox"/> Okeechobee        |   |   |  |
| <input type="checkbox"/> Wakulla         | <input type="checkbox"/> Citrus          |  |   |   |  |
| <input type="checkbox"/> Jefferson       | <input type="checkbox"/> Flagler         |  |   |   |  |
| <input type="checkbox"/> Madison         | <input type="checkbox"/> Volusia         |  |   |   |  |
| <input type="checkbox"/> Hamilton        |  |  |   |   |  |
| <input type="checkbox"/> Taylor          |  |  |   |   |  |
| <input type="checkbox"/> Suwanee         |  |  |   |   |  |
| <input type="checkbox"/> Lafayette       |  |  |   |   |  |