



Vendor Information Update Request Form Instructions

A Vendor Information Update Request Form should be used for VR vendors who need to update their Name, Address or Contact information.

1

The MOST IMPORTANT step in updating your vendor information is to UPDATE THE CHANGE in your *MyFloridaMarketPlace* (MFMP) registration. Visit the MFMP website, log in to your account and complete the update.

MFMP WEBSITE: <http://vendor.myfloridamarketplace.com>

MFMP HELP DESK: 866-352-3776 or Vendor.Help@myfloridamarketplace.com

FYI: The VR database is electronically linked to MFMP. The information you enter in MFMP will “transfer” to the VR database. **UPDATES MUST BE DONE IN MFMP FIRST!**

NOTE: SERVICE SITE (PHYSICAL) LOCATIONS ARE NOT REQUIRED TO BE UPDATED IN MFMP.

2

Once you have completed your update in MFMP (if applicable), complete the “VR Vendor Information Update Request Form”. Submit it to Vendor Registration (V-REG) via one of the methods below:

FAX: 850-245-3394

SCAN & EMAIL: VRVendors@VR.FLDOE.org

MAIL: Division of Vocational Rehabilitation, Vendor Registration Unit
4070 Esplanade Way, Tallahassee Florida 32399

For questions, please call the VR VReg unit at 850-245-3401 or Toll Free at: 866-580-7438.

THIS FORM MAY ONLY BE USED TO UPDATE VENDOR INFORMATION. IF THIS FORM IS SUBMITTED IN ORDER TO CHANGE A TAX ID NUMBER (VENDOR NUMBER) OR TO RE-REGISTER, YOUR REQUEST **WILL NOT BE PROCESSED. VISIT THE VENDOR MAINTENANCE TAB ON WWW.REHABWORKS.ORG FOR INFORMATION ON HOW TO PROCESS OTHER REQUESTS.**



VENDOR INFORMATION UPDATE REQUEST Form

Use the "TAB" key to navigate this form

VENDOR INFORMATION (CURRENT)

VENDOR NUMBER: (Tax ID or SSN)

VENDOR NAME:

INFORMATION TO BE UPDATED (SELECT ONE OR MORE)

VENDOR NAME CHANGE (MUST BE UPDATED IN MFMP OR REQUEST WILL NOT BE PROCESSED)

FROM:



TO:

UPDATE INDIVIDUAL PROVIDER'S NAME (EXAMPLE: DUE TO MARRIAGE OR DIVORCE, ETC.)

FROM:

Last Name:

First Name:



TO:

Last Name:

First Name:

CONTACT INFORMATION (PERSON/INFORMATION TO USE FOR POINT OF CONTACT)

CONTACT PERSON

From:



To:

VENDOR PHONE OR FAX NUMBER

Old Phone: () --



New Phone: () --

Old Fax: () --

New Fax: () --

EMAIL

From:



To:



VENDOR INFORMATION UPDATE REQUEST Form

ADDRESS CHANGE (SELECT ONE OF THE ADDRESS TYPES BELOW)

REMITTANCE ADDRESS CHANGE (REMITTANCE ADDRESS IS WHERE YOU WILL RECEIVE YOUR PAYMENTS)

FROM:		TO:

MAILING ADDRESS CHANGE (A.K.A. "PURCHASING ADDRESS" IN MFMP, IS WHERE MAIL WILL BE SENT)

FROM:		TO:

SERVICE SITE LOCATION (A.K.A. "PHYSICAL LOCATION", IS WHERE CLIENTS SHOULD GO TO RECEIVE SERVICES)

NOTE: MFMP UPDATE IS NOT REQUIRED WHEN UPDATING THIS ADDRESS.

From:		TO:

MULTIPLE LOCATIONS TO BE UPDATED (ATTACH A DETAILED LIST)

LIST SHOULD INCLUDE THE MAILING AND REMITTANCE ADDRESS FOR EACH LOCATION YOU WISH TO UPDATE

REQUESTOR'S INFORMATION (REQUESTOR IS THE PERSON COMPLETING THE FORM)

Print Name:	Signature:	Date:
Email:		Requestor's Phone #: () _

DID YOU UPDATE MFMP?

YES *Must be updated in MFMP in order for VR to process.*