



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 VendorHelp@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 TYPE: Employment Services OR Other Vendor Type:


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: () -

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)

<p>FROM:</p> <input type="text"/> <input type="text"/> <input type="text"/>		<p>TO:</p> <input type="text"/> <input type="text"/> <input type="text"/>
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MAILING ADDRESS CHANGE (A.K.A. "PURCHASING ADDRESS" IN MFMP, IS WHERE MAIL WILL BE SENT)

<p>FROM:</p> <input type="text"/> <input type="text"/> <input type="text"/>		<p>TO:</p> <input type="text"/> <input type="text"/> <input type="text"/>
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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.

<p>From:</p> <input type="text"/> <input type="text"/> <input type="text"/>		<p>TO:</p> <input type="text"/> <input type="text"/> <input type="text"/>
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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)

<input type="text" value="Print Name:"/>	<input type="text" value="Signature:"/>	<input type="text" value="Date:"/>
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<input type="text" value="Email:"/>	<input type="text" value="Requestor's Phone #: () - "/>
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DID YOU UPDATE MFMP? **YES** *Must be updated in MFMP in order for VR to process.*