

VR Vendor Withdrawal Form



This form should be used by registered vendors who no longer wish to provide services for VR or for any company who wishes to remove a provider who has recently terminated their employment, etc.

Please complete the form for the company or individual provider you wish to withdraw as a VR vendor. Please fax back to VR Vendor Registration (V-Reg) at 850-245-3394 or scan and e-mail to: VRVendors@VR.FLDOE.org If you have any questions, please contact the VR Vendor Registration (V-REG) unit:

VR V-REG

Local PH: 850-245-3401

Toll Free PH: 866-580-4862

Fax #: 850-245-3394

E-Mail: VRVendors@VR.FLDOE.org

VENDOR INFORMATION

Vendor Number (Tax ID or SSN)

Vendor Name

Individual Provider (if applicable)

WITHDRAWAL INFORMATION

I wish to withdraw as a VR Vendor,
a/an:

Requested
Effective Date:

Requestor's Name

Requestor's Phone
Number

Requestor's E-mail address

Print and Sign