Dear Applicant:

Thank you for your interest in becoming a Transportation vendor with the Department of Education, Division of Vocational Rehabilitation (DVR) to provide for-hire passenger transportation. . In order to be eligible for registration, potential applicants 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 of the instructions included in the application package carefully and complete each items 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 via email at 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, FL 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: Transportation Provider Vendor Application

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
DIVISON OF VOCATIONAL REHABILITATION
TRANSPORTATION PROVIDER
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
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TRANSPORTATION PROVIDER
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SERVICES TO BE PROVIDED

Transportation Services-For-Hire passenger transportation:

Is the vehicle accessible for wheelchairs? ○ YES ○ NO

IS YOUR APPLICATION COMPLETE

☐ Attestation of Liability Insurance

☐ 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

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

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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
DIVISON OF VOCATIONAL REHABILITATION
TRANSPORTATION PROVIDER
VENDOR APPLICATION

ATTESTATION OF LIABILITY INSURANCE
Transportation Providers

As a condition of becoming a vendor to provide Transportation services for the Department of Education/Division of Vocational Rehabilitation (DOE/DVR), _____ (vendor) as the owner/operator of for-hire passenger transportation vehicles, assures financial responsibility to respond in damages for liability as required under section 324.021(7), 324.031(4) and 324.032(1)(a), Fla. Stat., as applicable.

Additionally, _____ (vendor) will maintain said financial responsibility during the period of registration and shall present proof of same upon request by the DOE/DVR to maintain a current qualified Vendor Registration status. Failure to do so will result in revocation of its qualified status and termination of all rights to provide Transportation services.

_____
(Vendor)

By: _____

_____
(Printed Name of Authorized Representative)

_____
(Signatory Capacity)

_____
(Address)

_____

_____
(Telephone)

_____
(Fax)

_____
(Date)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 200 ___ by

_____
(Name of Person Making Statement)

_____
(Signature of Notary Public)
(Print, Type, or Stamp)

_____
(Commissioned Name of Notary Public)

Personally known ___ or Produced Identification ___

Type of Identification produced
_____

DEPARTMENT OF EDUCATION
DIVISON OF VOCATIONAL REHABILITATION
TRANSPORTATION PROVIDER
VENDOR APPLICATION

DOE/VR AREAS & COUNTIES WHERE SERVICES WILL BE PROVIDED

Vendor Name: _____ **FEIN #:** _____

Name of Authorized Representative: _____

Signature: _____

*** Check all that apply:**

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