



DEPARTMENT OF EDUCATION  
DIVISION OF VOCATIONAL REHABILITATION  
SIGN LANGUAGE INTERPRETER SERVICES



**EMPLOYEE/CONTRACTOR CONTACT FORM FOR GROUP AGENCY**

The Group Agency is responsible for services provided whether services were delivered by an interpreter employee or a contractor.

Provider Name: \_\_\_\_\_

Federal tax ID number: \_\_\_\_\_

ADD OR DELETE EMPLOYEE/ CONTRACTOR	NAME	EMAIL	PHONE	CREDENTIALS	VR USE BACKGROUND SCREENING

AUTHORIZED AGENT NAME: _____  EMAIL ADDRESS: _____  DATE: _____	<b>DVR USE ONLY:</b>  <b>APPROVED BY:</b> _____  <b>DATE:</b> _____
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**MUST SUBMIT COPY OF CREDENTIALS**  
**SUBMIT TO VR VENDOR REGISTRATION VIA**  
**FAX: 850-245-3394**  
**OR**  
**EMAIL: [vrvendors@vr.fldoe.org](mailto:vrvendors@vr.fldoe.org)**