

# 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](mailto: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](mailto:VRVendors@VR.FLDOE.org)

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## **VENDOR INFORMATION**

Vendor Number (Tax ID or SSN)

Vendor Name

Individual Provider (if applicable)

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## **WITHDRAWAL INFORMATION**

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

Requested  
Effective Date:

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Requestor's Name

Requestor's Phone  
Number

Requestor's E-mail address

Print and Sign