### Florida Vaccines for Children Program
Additional Information Form

- **Provider's Name:**
- **VFC PIN Number:**
- **Delivery Address:**
- **Telephone Number:**
  - Fax Number:
  - Contact Person:
- **Today's Date:**

**NOTES:** (use this section to notify a VFC Representative of any change in your shipping and mailing address, contact person, etc.)

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### Request Practice Name Change *(include a copy of the Recertification Form)*

- **PIN Number:**
- **New Practice Name:**
- **Old Practice Name:**
- **Telephone Number:**
  - Fax Number:
  - Contact Person:

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### Request Practice Shipping Address Change

- **PIN Number:**
- **New Shipping Address:**
- **Old Shipping Address:**
- **Mailing Address:**
- **Telephone Number:**
  - Fax Number:
  - Contact Person:

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### Request Change Shipping/Delivery Hours:

Enter all days and times you may receive vaccine. Specify if the clinic is closed during lunch hours and/or *observed holidays*.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>Closed</td>
<td>Open</td>
<td>Closed</td>
<td>Open</td>
</tr>
<tr>
<td>Start Lunch</td>
<td>End Lunch</td>
<td>Start Lunch</td>
<td>End Lunch</td>
<td>Start Lunch</td>
</tr>
<tr>
<td>End Lunch</td>
<td>Start Lunch</td>
<td>End Lunch</td>
<td>Start Lunch</td>
<td>End Lunch</td>
</tr>
</tbody>
</table>

**Holiday Closures:**

Name of the person requesting the change:

Effective change date:

4052 Bald Cypress Way, Bin A-11, Tallahassee, Florida 32399-1719
Telephone Number: (800) 483-2543; Fax Number: (850) 245-4734
Website: www.immunizeflorida.org

11/13/2009