DRAFT 07/21/26

FLORIDA Department of Revenue

Application to Register for Secure File Transfer Protocol (SFTP)

DR-600002
N. XX/XX
Rule 12-24.011, F.A.C.
Effective XX/XX

Register at **https://portal.fl.revenuepremier.com/rptp/portal/transmitter-signup/**

* Portal User ID:

Please allow five business days for the account to be setup. You will receive additional information at the email addresses you provide below.

* Company Name:
* Product Name:
Software ID/Developer ID:

Select the taxes for transmission (select all that apply):

- ☐ Communications Services Tax
- ☐ Insurance Premium Tax
- ☐ Motor Fuel Taxes
- ☐ Reemployment Tax
- ☐ Sales and Use Tax / Solid Waste and Surcharge / Prepaid Wireless Fee

* Contact (Primary)	* Contact (Technical)
* Contact Name:	* Contact Name:
* Title: Telephone:	* Title: Telephone:
* Email Address:	* Email Address:

*** Internet Protocol (IP) Address**

* Primary:
Secondary:

Note: Submit completed form by email to **e-vendor@floridarevenue.com**.
Please include “SFTP Request” in the subject line of your email.
* required fields