



**ITCN WIC**  
 INTER-TRIBAL COUNCIL OF NEVADA  
 WOMEN INFANT CHILDREN

## NEVADA WIC PARTICIPANT UPC/PLU REQUEST FORM

Complete all sections of this form to add a product to the WIC approved UPC list and include the following:

1. Attach a copy of the **product label**, this must include the product name, size and ingredient list.
2. Attach a copy of the product **UPC barcode** all 12 digits must be listed and legible.
3. Fax or email this completed form, copy of label and barcode to:

**Fax:** NV State WIC  
 Program 775/684-4246

**E-mail:** Vendor Services  
[WICGeneral@health.nv.gov](mailto:WICGeneral@health.nv.gov)

Participant Information		
Participant Name	Store Name	
Participant Address	Store Address or Cross Streets	
Participant Phone Number	Store City	
Product Information		
Food Item Name and Type:	Item Price	
	Package Size	
UPC Code <b>MUST INCLUDE ALL 12 DIGITS</b>		
Print Name	Date	
State Office Use Only		
Date Received		
Decision:                      Approved                                      Not Approved                                      Review Pending		
Notes:		
Date UPC Entered	APL File #	Staff Initials

**INCOMPLETE FORMS AND REQUESTS THAT FAIL TO INCLUDE COPIES OF LABELS, UPC BARCODES WILL NOT BE PROCESSED**