



ITCN WIC
 INTER-TRIBAL COUNCIL OF NEVADA
 WOMEN INFANT CHILDREN

NEVADA WIC VENDOR 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

Vendor Information		
Store/Distributor Name	Store Number	
Address	Phone Number	
City	Fax Number	
Product Information		
Food Item Name and Type:	Item Price	
	Package Size	
UPC Code MUST INCLUDE ALL 12 DIGITS		
Authorized Signature		
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

Rvsd: 4/11 /17