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