

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: 775/684-4246

E-mail: wicgeneral@health.nv.gov

Vendor Information			
Store/Distributor	Name		Store Number
Address			Phone 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		Staff Initials	

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