

## NEVADA WIC UPC SUBMISSION FORM

Please complete all sections of this form to submit a new product for review.

- Include a copy of the product label showing the product name, size, and ingredient list.
- Include a copy of the product UPC barcode. All 12 digits must be listed and legible.
- Include a price for the item.
- Fax or email this completed form, copy of label, and barcode to:

Fax: 775-684-4246 E-mail: DPBHWICVendor@health.nv.gov

Contact Information*					
Store Name/Number or Distributor (If applicable; please leave blank if not a store or distributor)					
Name (First and Last name of person submitting UPC)					
Phone Number (Contact number of person submitting UPC)					
Email (Contact email of person submittin	g UPC)				
Product Information					
Food Item Name and description:					
Item Price	Package Size	OZ.	grams	lbs	Other
UPC Code MUST INCLUDE ALL 12 DIGITS					

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

\*Contact information is collected in case we need to contact you with questions regarding this submission only.