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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01473 (03/2015) | | | **STATE OF WISCONSIN**  7 CFR 246.12 | | | |
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| **NEW UPC SUBMISSION REQUEST** | | | | | | |
|  | | | | | | |
| **Requestor Information** (Provide all requested information. Include store’s WIC vendor number, if applicable) | | | | | | |
| Name | | | | Telephone Number | | |
| Title | | | |  | | |
| Business Name | | | | WIC Vendor Number | | |
| Business Address | | | | City, State, ZIP Code | | |
| Attach a copy of the product label. It must include the product name, size, manufacturer, nutrition facts, and UPC bar code. Only products with a UPC code denoted on the container will be considered. Manufacturers must provide a list of stores where the product is available. | | | | | | |
| **Product Information** | | | | | | | |
| Food Item (Example: Milk, Cheese, Cereal, etc.) | | | | | Food Item Name | | |
| Brand | | | | | Package Size | | |
| UPC (Include All Numbers) | | | | | Manufacturer | | |
| Availability (Statewide or Regional) | | | | | Shelf Price | | |
| Send the completed form and label(s) via one of the following. | | | | | | | |
| **Mail** | **Fax** | | | | **Email** | |
| UPC Review  Wisconsin WIC Program  PO Box 2659  Madison, WI 53701-2659 | 608-266-1514 | | | | DHSUPCSubmit@dhs.wisconsin.gov | |

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| **State Office Use Only** | |
| Date Received | Received By |
| Date Reviewed | Reviewed By |
| Decision | Denial Reason |