|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01473 (03/2015) | **STATE OF WISCONSIN**7 CFR 246.12 |
|  |  |
| **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 ReviewWisconsin WIC ProgramPO Box 2659Madison, WI 53701-2659 | 608-266-1514 | DHSUPCSubmit@dhs.wisconsin.gov |

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