



Rhode Island WIC Program

WIC Vendor Product Approval Form

Complete all sections of this form to add a product to the WIC-approved UPC list and include the following:

1. A copy of the **product label**. The label must include the product name, size, nutrition facts, and ingredient list.
2. A copy of the product's **UPC barcode**. All 12 digits must be listed and legible.
3. Submit this completed form, copy of the label, and copy of the barcode via fax (401-222-1442) or email (DOH.WICVendorSupport@health.ri.gov) to the State WIC Office.

Vendor Information	
Store/Distributor/Manufacturer Name	Contact Person Name
Address (Street, City, ZIP)	Contact Phone Number
Email	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	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Date of Decision _____
Notes	
APL File #	Staff Initials

Incomplete forms and requests that do not include all of the required documents and information will not be processed.

This institution is an equal opportunity provider.