Arkansas WIC Program - UPC Request Form

Instructions:

- Complete all areas in the Vendor and Product Information Sections.
- Email completed form to <u>ADHWICVendor@Arkansas.gov</u> attach pictures of the actual product label that show the manufacturer, product name, package size, UPC Bar Code, ingredients and the nutrition facts.
- Mail forms and pictures to: APL Manager

Arkansas WIC Program

5800 West 10th Street, Suite 300

Little Rock, AR 72204

Vendor Information	
Request Date:	Contact Name:
Store Name:	Contact Email:
WIC Vendor ID:	Contact Phone:
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Product Information	
Food Description (no abbreviations):	
Package Size:	Item Price: \$
Food Brand Name:	Manufacturer:
UPC Number:	Picture of item/label sent? \square Yes \square No
State Use Only	
Date Received:	Date Reviewed:
Reviewed By:	
□ Approved □ Not Approved	Reason:
Date UPC Entered:	Entered By:
Category:	Sub-Category