TENNESSEE DEPARTMENT OF HEALTH

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 denoted on the container will be considered.

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	**Email**
WIC UPC Review **Andrew Johnson Tower 8th Floor** **710 James Robertson Parkway** **Nashville, TN 37243**	**wic.upcrequest@tn.gov**

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