



TENNESSEE DEPARTMENT OF HEALTH

## NEW UPC SUBMISSION REQUEST

| <b>Requestor Information</b> (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.

| <b>Product Information</b>                      |                |
|---|----------------|
| 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                        |
|--|------------------------------|
| <b>WIC UPC Review</b><br><b>Andrew Johnson Tower 8th Floor</b><br><b>710 James Robertson Parkway</b><br><b>Nashville, TN 37243</b> | <b>wic.upcrequest@tn.gov</b> |

| <b>State Office Use Only</b> |               |
|------------------------------|---------------|
| Date Received                | Received By   |
| Date Reviewed                | Reviewed By   |
| Decision                     | Denial Reason |