**MASSACHUSETTS WIC NUTRITION PROGRAM**

**Request to Add UPC to the WIC**

**Program Approved UPC Database**

**When requesting to add a new product to the WIC approved UPC list, vendors, manufacturers and wholesale suppliers must:**

1. Complete this form for each product requested to be added to the UPC list.

2. The product label must include the product name, size, manufacturer, nutrition facts, and the UPC barcode.

3. If you are a manufacturer, include a list of stores where the product/food item is available in Massachusetts.

4. Mail, e-mail or fax a copy of the label and UPC barcode of the product to be added to the WIC approved   
 UPC list.

**Send completed form by:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mai Mail  **MASS WIC NUTRITION PROGRAM**  **250 Washington Street, 6th Floor**  **Boston, MA 02108** | | fFax  **617-624-6179** | | | Email:  **masswicretailers@state.ma.us** | |
| **rVendor or Manufacturer Information** | | | | | | |
| **Name:** |  | | | | | **Store #** |
| **Address:** |  | | | | | **WIC Vendor #** |
| **City:** |  | | | | | **Phone:** |
| **Product Information** | | | | | | |
| **Food Item**: (Ex: Milk, cheese, Tuna, etc). | | | **Vendor’s Current Shelf Price:** | | | |
| **Food Item Name:** (include Brand) | | | | | | |
| **UPC Code: (Include ALL numbers):** | | | | **Package Size (ounces):** | | |
| **Copy of UPC Bar Code MUST BE INCLUDED** | | | | **Copy of label of food item MUST BE INCLUDED** | | |
| Authorized person who completed this form: (PLEASE PRINT) | | | | | | |
|  | | | | | | |
| **Authorized Signature:** | | | | **Date:** | | |

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| **STATE USE ONLY** | | |
| **Date Received:** |  | **Received By:** |
| **Date Reviewed:** |  | **Reviewed By:** |
| **Decision:** | **Approved Not Approved Reason:** | |
| **Date UPC Entered into MA Database: Entered By:** | | |

WIC Nutrition Program • Nutrition Division MA Department of Public Health

www.mass.gov/wic • TDD/TTY: 617-624-5992 • 1-800-WIC-1007

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