



Georgia WIC  
Office of Vendor Management  
Infant Formula Supplier Request Form



Date of Request:		
Requestor:	Requestor Phone #:	
Reason for Request:		
Store Name:	Vendor #:	
Address:		
City:	State:	Zip:

<b>Supplier Type:</b> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/>		
Supplier Name:	Phone #:	
Address:		
City:	State:	Zip:
Secretary of State Control #:		
Food Sales Establishment License #:		

<b>Supplier Type:</b> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/>		
Supplier Name:	Phone #:	
Address:		
City:	State:	Zip:
Secretary of State Control #:		
Food Sales Establishment License #:		

<b>Vendors located outside of the state of Georgia must have current approval from another state's WIC Program. Provide information below.</b>	
State of WIC Program:	Contact #:

**Please mail via traceable method to:**

Georgia WIC Program  
Attn: Office of Vendor Management  
2 Peachtree Street NW  
Atlanta, GA 30303

**WIC is an equal opportunity program and employer.**