

Georgia Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC)



Verification Checklist Addendum 17-02

For All WIC Vendors

Effective August 25, 2017

Attach additional pages as needed.		
STORE NAME(S):		
VENDOR NUMBER(S):		
FULL LEGAL NAME OF CORPORATION (if Applicable):		
1.	I have reviewed the Georgia WIC Program's Notice o Requirements, Addendum No. 17-02 online at http://dphinformation .	
2.	I have reviewed Georgia WIC Program's Notice of Change Requirements, Addendum No. 17-02.	ge in WIC Vendor
3.	I understand that Addendum 17-02 serves as an addendum to my current Vendor Agreement, and will go into effect on August 25, 2017.	
4.	I understand that the Georgia WIC Program Vendor Handbook (effective August 25, 2017) supersedes all prior versions of the Vendor Handbook.	
5.	I understand that, per the terms of my Vendor Agreement with the Georgia WIC Program, that I am required to meet all requirements as described in the most recent version of the Georgia WIC Vendor Handbook and all addendums.	
I ACKNOWLEDGE THAT I AGREE TO THE ITEMS LISTED ABOVE AND HAVE RECEIVED A COPY OF THE CURRENT GEORGIA WIC PROGRAM VENDOR HANDBOOK (EFFECTIVE AUGUST 25, 2017).		
Sign	ature of Authorized Representative	Date
	Name Last Name	Title/Position