



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

Verification Checklist Addendum 18-01 For All WIC Vendors Effective July 16, 2018



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 of Change in WIC Requirements, Addendum No. 18-01 online at http://dph.georgia.gov/vendor-information.
2. I have reviewed Georgia WIC Program's Notice of Change in WIC Vendor Requirements, Addendum No. 18-01.
3. I understand that Addendum 18-01 serves as an addendum to my current Vendor Agreement, and will go into effect on July 16, 2018.
4. I understand that the Georgia WIC Program Vendor Handbook (effective July 16, 2018) 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 July 16, 2018).

Signature of Authorized Representative

Date

First Name (Type or print name) Last Name

Title/Position