

Maryland WIC Program UPC Submission Form



Better Nutrition Brighter Future




Instructions:

- Complete this form with **required UPC Code*** and as much information as possible.
- Email the completed form to wic.foodslist@maryland.gov, or
- Fax form to 410-333-5683 or
- Mail form to Maryland WIC Program, Attn: WIC APL, 201 W. Preston Street, 1st Floor, Baltimore, MD 21201.
- This form can also be completed and submitted electronically at mdwic.org under the eWIC tab.

Contact Information

Name	Phone Number
Email	
eWIC card number (if applicable)	6103 850 _____
Vendor ID Number (if applicable)	
Store Name and Address	

Product Information

Product Brand/Manufacturer Name
Product Name & Description
Picture of item/label attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
UPC Code* (8, 12, or 13 digits) _____ Fill in the number <u>exactly</u> as it appears on the product label and include all numbers. *Numbers at the beginning and end of the barcode must be included, see arrows below.
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p style="font-size: x-small; background-color: #cccccc; padding: 2px;">GTIN-8 (EAN/UCC-8)</p>  </div> <div style="text-align: center;"> <p style="font-size: x-small; background-color: #cccccc; padding: 2px;">GTIN-12 (UPC-A)</p>  </div> <div style="text-align: center;"> <p style="font-size: x-small; background-color: #cccccc; padding: 2px;">GTIN-13 (EAN/UCC-13)</p>  </div> </div>
Package Size/Unit of Measure (e.g., 16 ounces)

For State WIC Use Only

Date Received	Date Reviewed	
Reviewed By		
<input type="checkbox"/> Approved	Category	Subcategory
Date UPC Entered	Entered By	<input type="checkbox"/> Verified in SOAR
<input type="checkbox"/> Denied (Reason for Denial)		