

WIC Infant Formula Distributor List Request Form

Please consider the following distributors/suppliers for addition to the Oregon WIC Infant Formula Distributor List.

Date of Request:		
Vendor Information:	Name of Authorized Vendor:	WIC Vendor ID #:
	Name of Person Making Request:	Phone Number:
Reason for Request:	<input type="checkbox"/> I searched the website and was unable to find my infant formula supplier(s).	<input type="checkbox"/> I don't have access to the internet and my supplier(s) isn't on your current list.
Supplier #1 Information:	Name of Supplier:	Infant Formula Brand/Type Bought from this Supplier:
	Supplier's Address:	Supplier's Phone Number:
Supplier #2 Information:	Name of Supplier:	Infant Formula Brand/Type Bought from this Supplier:
	Supplier's Address:	Supplier's Phone Number:

Please mail or fax this form to:

Department of Human Services
 Oregon WIC Program
 Vendor Team
 PO Box 14450
 Portland OR 97239-0450
 FAX: (971) 673-0071



WIC is an equal opportunity program and employer.