

NEW YORK STATE WIC PROGRAM VENDOR STAMP REQUEST

Date of Request		WIC Vendor #	
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Store Trade Name			
Store Physical Address	street		
city	state	zip	
Store Telephone #			

Request made by	Print name	Print Title/Position
Signature		

Explanation of the request for a vendor stamp (required)	

Check ONE of the following	<input type="checkbox"/> \$10.00 /rubber stamp	OR	<input type="checkbox"/> \$16.00 /self-inking stamp
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Payable to: New York State Department of Health
 Mail this completed request AND Check or money order to

New York State Department of Health
Food Delivery & Vendor Management Section
150 Broadway, Suite 650
Albany, New York 12204-2719

Include Stamp Impression Below

STATE USE ONLY			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Reason for Disapproval			
Signature		Date	