



Bureau of Supplemental Food Programs, WIC Program

## Request for Vendor Peer Group Reassignment

|       |              |
|-------|--------------|
| Date: | Vendor ID #: |
|-------|--------------|

|                   |         |      |  |
|-------------------|---------|------|--|
| Store Trade Name  |         |      |  |
| Physical Location | Street: |      |  |
| City:             | State:  | Zip: |  |

You are requesting a change in your NYS WIC Program Vendor Peer Group assignment. Based on the information provided to you by your Vendor Management Agency (WIC Vendor Peer Group Assignment Letter), you believe that you have been placed in an incorrect Vendor Peer Group. Please indicate below which of the following criteria you disagree with.

|                          |  |                 |
|--------------------------|--|-----------------|
| <input type="checkbox"/> | Geography (incorrect zip code) Correct zip code should be noted in the address above.  |                 |
| <input type="checkbox"/> | Business model (store type and chain status)   |                 |
| <input type="checkbox"/> | Store Size (number of cash registers) Please indicate the correct number of registers in your store. You should count ALL registers, not only registers used for WIC transactions. | # of Registers: |

Please attach proof if you disagree with the Business Model criteria.

NYS will review Vendor Peer Group Assignments on a quarterly basis. You will be notified in writing if your store has been reassigned to a different Vendor Peer Group.

|               |        |
|---------------|--------|
| Name (print): | Title: |
| Signature:    | Date:  |

Scan and fax documents to: Food Delivery & Vendor Management Section: (518) 408-0933

OR MAIL TO:

NYS Department of Health  
Division of Nutrition – BSFP/FDVMS  
Riverview Center – Suite 650  
150 Broadway  
Albany, NY 12204-2719