

**New Jersey Department of Health  
WIC Services  
P.O. Box 364  
Trenton New Jersey 08625-0364**

**DESIGNATION OF INFANT FORMULA  
MANUFACTURER, RETAILER, WHOLESALER AND DISTRIBUTOR**

*Authorized WIC Vendors must provide the name, address and telephone number of the Wholesale Distributor, Retailer or Manufacturer of the business establishment you purchase NJ WIC contracted Infant Formula.*

AUTHORIZED WIC VENDOR INFORMATION		
Store Name		
Address		
City	State	Zip Code
MANUFACTURER / RETAILER / WHOLESALE DISTRIBUTOR INFORMATION		
Name of Manufacturer/Retailer/Wholesale Distributor		
Address		
City	State	Zip Code
Telephone Number		
CERTIFICATION		
<b>I hereby certify that the above information is correct.</b>		
Completed by (Print Name)	Title	
Signature	Date	

**PLEASE SIGN AND RETURN!**

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