

Wyoming WIC Program
Product Waiver Request

STORE INFORMATION	
Vendor Name:	WIC ID #:
Name of Store Owner or Manager:	
Title:	

Check the item(s) below the waiver is being requested for:

- Powdered Enfamil ProSobee
- Any Infant Formula
- Any Infant Products
- Fish

I understand that:

- Only current WIC authorized Vendors may request waivers from the minimum stocking requirements;
- Upon request by a WIC participant and/or WIC staff, the products checked above will be made available within 72 hours of the request; and
- Once the request has been made, this waiver becomes void.

SIGNATURES	
Note: This form does not take effect until all parties have signed.	
Signature of Store Owner or Manager:	Date:
Signature of Local Vendor Monitor:	Date:
Signature of State Vendor Coordinator:	Date: