

Arizona WIC Program Vendor Order Form


If you would like copies of any of the following training aids/materials, please indicate item(s) along with the amount you need and mail, fax or email to:

Arizona Department of Health Services
Bureau of Nutrition and Physical Activity
Attn.: Vendor Management Team
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007
Fax: (602) 542-4323
Email: WICServiceDesk@azdhs.gov

Order Section

_____ WIC Program Food List English Booklets

_____ WIC Program Food List Spanish Booklets

_____ "WIC APPROVED" shelf markers (visual aid for WIC participants)  (24 per sheet)

_____ eWIC Decals (Window Cling) English

_____ eWIC Decals (Window Cling) Spanish

_____ Self-Checkout Register Sign (eWIC accepted – Green)

_____ Self-Checkout Register Sign (eWIC not accepted – Red)

[WIC Vendor Manual](#) Arizona WIC Program Vendor Manual (A reference book for Vendors)
(Available online only)

Remember to provide the store number, if applicable, and name of contact person.

Please mail supplies to:

Store Name: _____ Attn: _____ ID# _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

This institution is an equal opportunity provider.