

CALIFORNIA WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM VWIX USER ID REQUEST FORM FOR AUTHORIZED VENDORS

Please check one of the following boxes:

Additional User ID(s) for Existing Contract – Complete sections 1, 3, & 4

• Indicate the number of additional User ID(s) you are requesting: (between 1 & 300)

Change Vendor Contact Information or Access Code – Complete sections 1, 2, 3, & 4

1. **Contract ID Number:**

2. **User ID(s) and Access Code(s)**

Enter New Access Code if changing Current Access Code. Access Code must have 4 numeric digits.

User ID #1: Current Access Code: New Access Code:

User ID #2: Current Access Code: New Access Code:

3. **Vendor Contact Information**

First Name:	M Initial:	Last Name:
Telephone #: ()	E-mail:	

4. **Vendor Approval**

Corporate/LLC Name (if applicable): _____

Signature of Corporate Officer/LLC Member/Partner/Sole Owner:			
Title:		Date:	
Please print First Name:		M Initial:	Last Name:
Telephone #: ()	Fax #: ()	E-mail:	

Please mail original form to the following address:
(Note: Faxes will not be accepted)

CA Dept of Public Health, WIC Program,
Attn: Vendor Management Branch
PO Box 997375
West Sacramento CA 95899-7375

(THIS SECTION IS FOR WIC PRGRAM USE ONLY)

To be completed by VMB staff:			
Approved and Faxed (916- 440-5559) to TSS by:	Date:	Title:	Section:
To be completed by TSS staff:			
Processed by:	Date:		
New User ID's & Passwords: (see attachment)			
To be completed by VMB staff:			
Vendor notified of changes/additional User IDs by:	Date:		