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)


User ID #1:  Current Access Code:   New Access Code:  
User ID #2:  Current Access Code:   New Access Code:  

3. Vendor Contact Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>M Initial:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone #: ( )</td>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

4. Vendor Approval

Corporate/LLC Name (if applicable):  

Signature of Corporate Officer/LLC Member/Partner/Sole Owner:

<table>
<thead>
<tr>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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 PROGRAM 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:

08/14/08 website