

Store Name:____

Physical Address:

Alabama WIC Vendor Management Training Acknowledgement Form

To avoid agreement violation and a fine, a copy of this document <u>MUST</u> be made available to State WIC Staff during a visit to the store.

WIC Vendor Number _____

	City	ST	ZIP
Trainer Name:			<u></u>
Title:			
			y have been trained on and WIC Program. A signature is
Date of Training	3	Employee's Signature	