

Vendor Technology Survey

Retailer Information			
Store Name:		Contact Name:	
WIC Vendor ID:		Phone:	
Primary Language (circle one) English Spanish Other (list):			
Physical Address1:			
Physical Address2:		Contact Email:	
City:	State:	ZIP Code:	
Corporate Name:		Name of Corporate Contact:	
Corporate Phone:		Corporate Email:	
Do you have an IT Department?: (circle one) Yes No		IT Contact Name:	
IT Email:		IT Phone:	
Value Added Reseller/ Electronic Cash Register (ECR) service provider			
Do you use an ECR service provider (circle one)? Yes No		Service Provider Company Name:	
Service Provider Contact:		Email:	
Address:		Phone:	
City:	State:	ZIP Code:	
Do you have an existing service contract? (circle one): Yes No			

Electronic Cash Register and Point of Sale Information			
ECR Brand (IBM, Retailix):		Model (ACE, Scanmaster, etc):	
Software Version:	Total number of registers (excluding departmental and self-checkout):		
POS Pin Pad Brand:		POS PIN Pad Model:	
Third Party Processor (TPP)			
Do you use a third party processor (circle one): Yes No		TPP Name (First Data, Vantiv, Fiserv, World Pay):	
TPP Link Type (Buypass, Concorde, MPS):		Does Store Have Internet Connection (circle one): Yes No	
TPP Contact:		TPP Email:	
Phone:		Address	
City:		State:	ZIP Code:
Additional information (anything you feel would be helpful)			

Instructions for WIC Program Vendor Technology Survey, Form 1185

Initial 1/21/2020

Purpose: The Mississippi WIC Program Vendor Technology Survey form is used to submit technical capabilities, telecommunications infrastructure, and equipment to determine each store's eWIC readiness.

Instructions:

Retailer Information

- 1) Enter the store name and contact name
- 2) Enter the WIC Vendor ID and phone
- 3) Circle the preferred primary language
- 4) Enter the physical address, including city, state, and zip code
- 5) Enter contact email
- 6) Enter corporate name, name of corporate contact, corporate phone and email
- 7) Circle yes or no if retailer have an IT department
- 8) If applicable, enter IT contact name, email, and phone

Value Added Reseller/Electronic Cash Register (ECR) Service Provider Information

- 1) Circle yes or no if retailer uses an ECR service provider
- 2) If applicable, enter service provider company name, contact, and email
- 3) Enter the phone and address, including city, state, and zip code
- 4) Circle yes or no if retailer have an existing service contract

Electronic Cash Register and Point of Sale Information

- 1) Enter ECR brand and model
- 2) Enter software version and total number of registers (excluding departments and self-checkout)
- 3) Enter POS pin pad brand and model

Third Party Processor (TPP)

- 1) Circle yes or no if retailer uses a third-party processor and enter TPP name, if applicable
- 2) Enter TPP link type
- 3) Circle yes or no if the store has internet connection
- 4) Enter TPP contact, TPP email, phone and address

Office Mechanics and Filing:

The submission form will be filed at the WIC Central Office.

Retention Period:

The submission form will be kept on file for a period of no less than 3 years.