

# UID Works Supplemental Order Form

**Label Quantity:** \_\_\_\_\_

**Adhesive ?:**  No  Basic  High Temp Tolerant  CARC Compatible

**Shipping Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Shipping Method:**

USPS Express  FEDEX 2nd Day  FEDEX Overnight

**Verification / Registration of UID:**

100% Verification  Sampled Verification

Registration \*\*  LEAD  Self

Requested Date: \_\_\_\_\_

\* Manufactures specification available upon request.

\*\* Requires follow-up notification of application documents.

**NOTE: All work MUST be paid in advance.**

***If the funding criteria is not filled out correctly, the order will NOT be placed until it is corrected.***

**FUNDING INFORMATION**

ORIGINATING MIPR NUMBER: \_\_\_\_\_

LMP FUND TRANSFER NUMBER: \_\_\_\_\_

CHECK # \_\_\_\_\_