



Office of EBT Banking Services/Client Accounts

**Wireless Equipment for Farmers
Application**

Name: _____ **Date:** _____
Last First Middle

Address: _____

Address: _____
City State Zip Code County

Phone: _____ **Email:** _____

FNS Merchant Number (If Applicable): _____

The West Virginia DHHR awarded grant money for Point-of-Sale (POS) equipment will support wireless POS equipment for a limited number of new SNAP authorized FMs/DMFs. Available funding will be used to cover EBT-only POS equipment on a monthly basis, including setup of the equipment and monthly expenses for processing the EBT transactions. The wireless POS equipment will be awarded to qualifying FMs or DMFs on a first-come, first-served basis. If you are an FNS merchant or if you would like to become a certified FNS Merchant to accept SNAP benefits, please select one of the following options below.

PLEASE INITIAL THE BOX NEXT TO THE STATEMENT THAT BEST DESCRIBES YOUR CURRENT NEED.

| | |
|--|--|
| | I am a Certified FNS Merchant and in need of POS equipment. I DO NOT meet the requirements above for a wireless POS, but I would like guidance with obtaining wired POS equipment. |
| | I am NOT a Certified FNS Merchant; however, I'm interested in becoming a Certified FNS Merchant and would like guidance with receiving my certification. I would also like to apply for the available POS equipment at this time, pending certification. |
| | I am a newly Certified FNS Merchant, but I have not yet obtained the necessary POS equipment needed to process my SNAP transactions. I meet all the requirements listed above and I would like to apply for the available wireless POS equipment. |

By signing below, I certify that all provided information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Please send all completed and signed applications by email to carlotta.h.gee@wv.gov or by mail to **One Davis Square, Suite 402, Charleston, WV 25301.**