



Statement to Be Completed by the Person Who Is Signing as Responsible Person for a Terminal Distributor of Dangerous Drug (TDDD) Limited License as a Manufacturer using Medical Grade Gases for Process Use Only

I certify that the only prescription drug(s) to be purchased/acquired, stored and used at this location under this TDDD license are listed below:

NAME the applicant will be DOING BUSINESS AS (i.e., reflected by signage/how will you answer phone)

Street Address, City, State, Zip Code (No P.O. Box)

Print Name of Responsible Person

Signature of Responsible Person

Date

Document must be notarized:

Sworn to and signed before me this date:

(Date)

(Signature of Notary)

[SEAL]

