



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 Food Processor

I certify that the only prescription drug to be purchased/acquired, stored and used at this location under this TDDD license is medical grade nitrous oxide.

Name the applicant will be doing business as (i.e. reflected by signage/how you will answer the 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]

