



Acknowledgment and Attestation

Businesses submitting their license renewal application online are required to complete this form and attach to their online renewal prior to submission. **Note: the person signing this form must match the designated individual on the applicable license. Additionally, this form does not constitute notification of a change in the designated individual for a license.**

Required Signatures:

Pharmacy: Pharmacist in Charge (PIC)

CSA Business: responsible individual (PIC if pharmacy application).

3PL: Facility Manager

Limited Distributor: Facility Manager

Outsourcing Facility: Supervising Pharmacist

Wholesale Distributor: Facility Manager

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

License Type: _____ License/Registration No.: _____

I hereby swear or affirm under penalty of perjury that I am the responsible party for the licensee indicated above.

I attest that I understand Iowa's laws and rules governing the licensee and agree to abide by applicable governing federal and Iowa laws.

I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against the license or registration.

Signature: _____ Date: _____

Printed Name: _____ Title: _____