



## 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: \_\_\_\_\_