

Vermont Secretary of State
Office of Professional Regulation
VERMONT BOARD OF PHARMACY
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402

STATEMENT OF CONTACT PERSON

Name of Wholesaler	
Address of Wholesaler	

Print Your Name as Contact Person for this Facility	
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Contact Person's Date of Birth	
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Phone:		E-Mail:	
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Mailing Address of parent company if different:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

I certify that I am the contact person for this facility and that I have read and understand the Vermont statutes and rules relating to a wholesalers, manufacturers or re-packagers.
<https://www.sec.state.vt.us/professional-regulation/list-of-professions/pharmacy/statutes-rules.aspx>

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; text-align: center; border: none;">Signature of Contact Person</td> <td style="width: 30%; text-align: center; border: none;">Date</td> </tr> </table>	Signature of Contact Person	Date
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