

LABELER IDENTIFICATION APPLICATION

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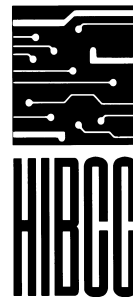
- **Instructions**
- **Form A *LIC Assignment***
- **Form B *Labeler Fees***
- **Form C *Certification Report***

Any organization interested in adopting and using the HIBCC uniform bar coding system must apply for assignment of either one or more Labeler Identification Codes (LIC).

To apply for assignment of either one or more LICs follow the steps outlined in the instructions which follow.

**Health Industry Business
Communications Council**

2525 E. Arizona Biltmore Circle
Suite 127
Phoenix, AZ 85016
Tel: 602.381.1091
Fax: 602.381.1093
Email: info@hibcc.org
Web site: www.hibcc.org



■ INSTRUCTIONS: FOR COMPLETING FORM A

(To be completed by all applicants)

Purpose of Application

LABELER IDENTIFICATION CODE (LIC) ASSIGNMENT

1. Primary Organization

The primary organization may be the parent organization or a subsidiary or division. The LIC(s) assigned to the primary organization (either the parent or subsidiary organization) will reflect that organization's name. That is, the primary LIC as well as additional LICs assigned to the primary organization may only be used within the primary organization's business or service organization. HIBCC will keep name and address records of organizations assigned additional LICs (if any) by the primary organization.

If a subsidiary or division of a parent organization applies for an LIC and at a later date its parent organization applies for additional LICs the parent organization will be given credit for its subsidiary/division fee for the primary LIC assigned.

For example:

Division A of company XYZ with divisional sales of \$5 million applies for two LICs. Its fee would be \$1,350: \$1,250 for the primary LIC and \$100 for the additional LIC. At a later date, company XYZ with company sales of \$60 million decides to apply for three LICs. The total to XYZ would be computed as follows:

Primary LIC	\$5,000
Two Additional LIC's at \$100 each	200
Credit from Division A	<u>(1,250)</u>
Total Fee to XYZ	\$3,950

2. Transfer of Fees and Assignments

New entities or relationships that are created through mergers and/or acquisitions do not qualify to receive a credit of previously paid fees. As such, fees previously paid by an acquired company will not be credited toward the fees of the acquiring company. LIC assignments are transferable. Thus, any LICs previously assigned to the acquired or acquiring company may be transferred to either entity. In the event of such a transfer, HIBCC should be notified as to the appropriate designation of assignments.

3. Contact Information

Enter your organization's name, address and the name, title and telephone number of your organization's official representative to HIBCC. The official representative will represent your organization in all affairs dealing with your code assignment and HIBCC.

Also enter the name, address, title and telephone number of your organization's chief executive officer (CEO). If your organization is a subsidiary or division of a parent organization, you should enter your subsidiary's or division's CEO, not the parent's.

4. Type of Organization

Check all applicable boxes that describe your organization's business. **Manufacturer of goods** category includes pharmaceuticals, medical devices, invitro diagnostic products and general purpose goods produced or packaged for health care institutional use for operation of the facility of patient personal needs. **Manufacturer of services** category includes computer software and applications, financial administration or related institutional management services. **Health care facility** category includes hospitals, clinics, urgent care centers, ambulatory surgery centers, extended care facilities and blood banks, among others.

5. The Organization Named Above Is

If your organization is the parent, check the PARENT ORGANIZATION box.

If your organization is a subsidiary or division, check the SUBSIDIARY OR DIVISION box and specify your parent organization. Also, if your parent organization has been assigned one or more LICs, specify the primary LIC assigned.

■ INSTRUCTIONS: FOR COMPLETING FORM B

(To be completed by all applicants)

Labeler Fees

Health Care Facility: If you checked the HEALTH CARE FACILITY box under the TYPE OF ORGANIZATION section on Form A, your fee for each LIC assigned is \$100. Complete Section A, line (1), (2) and (3) on Form B.

Manufacturer and Distributor/Wholesaler: If you checked the MANUFACTURER or the DISTRIBUTOR/WHOLESALE box under the TYPE OF ORGANIZATION section on Form A, you must certify your most recent fiscal year sales level by completing the CERTIFICATION REPORT.

■ INSTRUCTIONS: FOR COMPLETING FORM C

(To be completed by all applicants)

Specify your annual sales and the fiscal year of those sales. Next, check the appropriate sales category which determines your fee for the primary LIC assigned. Sign and date and return with your application.

LIC: Enter the base fee for the primary LIC on line (1), Section A, Form B (determined in the CERTIFICATION REPORT). If you wish to register additional LICs, specify the number and fee amount on line (2). Add lines (1) and (2) to derive TOTAL LIC FEES and enter the amount on line (3).

Sign, date and send forms A, B, and C to:

HIBCC
2525 E. Arizona Biltmore Circle, Suite 127
Phoenix, AZ 85016

Make all checks payable to HIBCC.

If paying by credit card, you may fax forms A, B, and C to HIBCC at (602) 381-1093.

■ FORM A: LIC ASSIGNMENT

PURPOSE OF APPLICATION: LABELER IDENTIFICATION CODE (LIC) ASSIGNMENT

PRIMARY ORGANIZATION:

Organization Name _____

Name of Official Representative _____ Title _____ Phone _____

Number and Street _____ PO Box _____

City/State/Zip Code/Country _____

E-Mail Address _____

Name of Chief Executive Officer _____ Title _____ Phone _____

Address, if different from above _____

TYPE OF ORGANIZATION	MEDICAL	DENTAL	ANIMAL HEALTH
<input type="checkbox"/> MANUFACTURER OF GOODS OR SERVICES	_____	_____	_____
<input type="checkbox"/> DISTRIBUTOR/WHOLESALER	_____	_____	_____
<input type="checkbox"/> HEALTH CARE FACILITY OR PROVIDER	_____	_____	_____

(check applicable box for primary market)

THE ORGANIZATION NAMED ABOVE IS *(check one)*

PARENT ORGANIZATION

SUBSIDIARY OR DIVISION

WHAT IS THE NAME OF THE PARENT ORGANIZATION? _____

Has a LIC been assigned to the parent organization?

YES (If yes, specify code _____)

NO

FOR OFFICE USE ONLY:

_____	_____	_____
Date Received Application	Base Fee	Date Entered in System
_____	_____	_____
Number of LICs Assigned	Additional Fee	Date Received Payment
_____	_____	_____
Primary LIC	Date Assigned	Initials

■ FORM C: CERTIFICATION REPORT

Please certify to your most recent fiscal year sales level.

For All Manufacturers:

Fee for the primary (LIC assigned) is computed on the principle of gross sales to the health care industry. In calculating sales, include sales of all divisions and sales to other manufacturers, but do not include intracompany sales.

For All Distributors/Wholesalers:

Fee for the primary (LIC assigned) is computed on the principle gross sales of private labeled packaged products.

THIS INFORMATION WILL BE TREATED ON A CONFIDENTIAL BASIS

Specify annual sales \$ _____ Fiscal year of specified sales: _____ year.

Check the appropriate box and enter BASE FEE amount on line (1) Of LABELER FEES from FORM B.

SALES	BASE FEE FOR PRIMARY LIC	SALES	BASE FEE FOR PRIMARY LIC
<input type="checkbox"/> to \$2 million	\$500	<input type="checkbox"/> to \$100 million	\$7,500
<input type="checkbox"/> to \$5 million	\$1,250	<input type="checkbox"/> to \$150 million	\$9,000
<input type="checkbox"/> to \$10 million	\$2,500	<input type="checkbox"/> to \$500 million	\$12,000
<input type="checkbox"/> to \$30 million	\$4,000	<input type="checkbox"/> above \$500 million	\$20,000
<input type="checkbox"/> to \$60 million	\$5,000		

By signing below I certify sales specified and category indicated to be correct and in accordance with the guidelines stated above.

Signature of Official Representative

Title

Date