

LABELER IDENTIFICATION APPLICATION

Required for the FDA's Unique Device Identification (UDI) Rule

Included here:

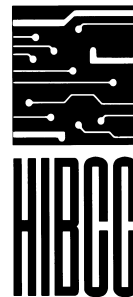
- **Instructions**
- **Form A *LIC Assignment***
- **Form B *Labeler Fee***
- **Form C *Certification Report***

Any organization interested in adopting and using the HIBCC uniform bar coding system must apply for assignment of a Labeler Identification Code (LIC).

To apply for assignment of an LIC 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. 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.

2. Transfer of Assignments

LIC assignments are non-transferable.

■ INSTRUCTIONS: FOR COMPLETING FORM B

(To be completed by all applicants)

Labeler Fee

You must certify your most recent calendar or 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 calendar or fiscal year of those sales. Next, check the appropriate sales category which determines your fee for the LIC assigned. Sign and date and return with your application.

LIC: Enter the fee for the LIC in Section A, Form B (determined in the CERTIFICATION REPORT). 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, or send via email to info@HIBCC.org.

■ FORM A: LIC ASSIGNMENT

PURPOSE OF APPLICATION: LABELER IDENTIFICATION CODE (LIC) ASSIGNMENT

PRIMARY ORGANIZATION:

Primary Organization Name

Division / Subsidiary

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

CEO's E-Mail Address, if different from above

| | MEDICAL | DENTAL | ANIMAL HEALTH |
|---|----------------|---------------|----------------------|
| TYPE OF ORGANIZATION <input type="checkbox"/> MANUFACTURER OF GOODS OR SERVICES | _____ | _____ | _____ |
| (check applicable box for primary market) <input type="checkbox"/> DISTRIBUTOR/WHOLESALER | _____ | _____ | _____ |

FOR OFFICE USE ONLY:

Date Received Application

Fee

Date Received Payment

LIC #

Date Assigned

Initials

■ FORM B:

LABELER FEE *(complete appropriate section)*

SECTION A: Labeler Identification Code (LIC) Assignment

Our organization hereby applies for assignment/registration of a Labeler Identification Code (LIC) from the Health Industry Business Communications Council.

In making such application, we agree to be bound by all rules and regulations of the Council including, but not limited to the Articles of Incorporation, the Bylaws, the Health Industry Bar Code Standard, and any and all other rules and regulations which the Council has now or may hereafter adopt concerning the use of the Health Industry Bar Code Standard and the Labeler Identification Code assigned. The Council will notify us of our assigned Labeler Identification Code upon receipt of our application fee and Council approval of our completed application.

Our organization hereby agrees to indemnify, and hold harmless, the Health Industry Business Communications Council and their officers, directors, employees, agents, successors and assigns from any and all claims, losses, damages, and liabilities whatsoever resulting from the use or misuse of the Health Industry Bar Code Standard and our assigned Labeler Identification Code.

We understand and acknowledge that the Council has taken all reasonable precautions to prevent the assignment of duplicate Labeler Identification Codes. If duplicate codes are assigned, the liability of the Council shall be limited to a refund of the application's Labeler Identification Code fee or the actual damages, if any, whichever is less.

METHOD OF PAYMENT

Please charge \$ _____ (amount from above) to my credit card account. Visa MasterCard AmEx

| | | |
|--------------------|-----------------|--------------|
| CREDIT CARD NUMBER | EXPIRATION DATE | CSV/CID CODE |
|--------------------|-----------------|--------------|

| | |
|---|------------------------|
| CARDHOLDER'S NAME (as it appears on the card) | CARDHOLDER'S SIGNATURE |
|---|------------------------|

CARDHOLDER'S ADDRESS

| | | |
|-------------------|-------|-----------------|
| CARDHOLDER'S CITY | STATE | ZIP/POSTAL CODE |
|-------------------|-------|-----------------|

A check in the amount of \$ _____ (from above) made payable to HIBCC is enclosed.

Please invoice me directly. Purchase Order Number _____

Signature of Official Representative

Title

Date

■ FORM C: CERTIFICATION REPORT

Please certify your most recent fiscal year sales level. Applicants are required to submit one of the following from the last fiscal/calendar year: Dun & Bradstreet Report, Profit & Loss Statement, or page 1 of your company's Corporate Tax Return (and any related documents). This information will be kept confidential and will only be used to determine the LIC fee.

Gross global sales of all products/devices labeled with your organization's name or brand.

THIS INFORMATION WILL BE TREATED ON A CONFIDENTIAL BASIS

Specify annual sales \$ _____ for the most recent calendar or fiscal year: _____.

Check the appropriate box and enter the ONE-TIME FEE amount in Section A - LABELER FEE on FORM B.

| <u>SALES</u> | <u>ONE-TIME FEE</u> | <u>SALES</u> | <u>ONE-TIME FEE</u> |
|---|---------------------|--|---------------------|
| <input type="checkbox"/> up to \$2 million | \$1,000 | <input type="checkbox"/> up to \$100 million | \$7,500 |
| <input type="checkbox"/> up to \$5 million | \$1,500 | <input type="checkbox"/> up to \$150 million | \$9,000 |
| <input type="checkbox"/> up to \$10 million | \$2,500 | <input type="checkbox"/> up to \$500 million | \$12,000 |
| <input type="checkbox"/> up to \$30 million | \$4,000 | <input type="checkbox"/> above \$500 million | \$20,000 |
| <input type="checkbox"/> up to \$60 million | \$5,000 | | |

Legal Notice:

By signing this application you are certifying that all financial information provided is correct and in accordance with the guidelines stated above. If HIBCC determines that the financial information provided is incorrect, you will be invoiced for the balance due prior to issuing your LIC. HIBCC reserves the right to deactivate any LIC that was obtained under false financial pretenses and notify all invested parties. All fees are non-refundable.

Signature of Official Representative _____ Title _____

Date