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

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 send via email to info@HIBCC.org.

■ FORM A: LIC ASSIGNMENT

	OSE OF CATION: LABELER IDENT	IFICATION CODE (LI	IC)	ASSIGNMENT	
PRIMA ORGA	ARY NIZATION:				
	Primary Organization Name				
	Division / Subsidiary				
	Name of Official Representative		Title	2	Phone
	Number and Street		PO	Box	
	City/State/Zip Code/Country				
	E-Mail Address				
	Name of Chief Executive Officer		Title	2	Phone
	Address, if different from above				
	CEO's E-Mail Address, if different	from above			
TYPE (ORGA (check ap box for pr market)	NIZATION ☐ MANUFACTURE pplicable ☐ DISTRIBUTOR/W		ES	MEDICAL DENTAL	ANIMAL HEALTH
FOR O	OFFICE NLY:				
	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 \$ (a	amount from above) to my credi	t card account.	□ Visa	☐ MasterCard	□ AmEx
CREDIT CARD NUMBER		EXPIRATION	N DATE	CSV/C	ID CODE
CARDHOLDER'S NAME (as	CARDHOLDER'S SIGNATURE				
CARDHOLDER'S ADDRESS	S				
CARDHOLDER'S CITY	STATE	ZIP/I	POSTAL CO	DDE	
☐ A check in the amount of \$_	(from above) made p	ayable to HIBCC i	s enclosed.		
□ Please invoice me directly. I	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									
Consifer annual sales \$	for	the most resent colondar or fiscal v							
Specify annual sales \$	101	r the most recent calendar or fiscal	year:						
Check the appropriate bo	ox and enter the ONE-TIME	FEE amount in Section A - LABE	LER FEE on FORM B						
eneek the appropriate of	A direction of the Thirth	TEE amount in Section 11 Exists	SERVICE ON FORM E.						
SALES	ONE-TIME FEE	SALES	ONE-TIME FEE						
☐ up to \$2 million	\$1,000	☐ up to \$100 million	\$7,500						
☐ up to \$5 million	\$1,500	up to \$150 million	\$9,000						
☐ up to \$10 million	\$2,500	☐ up to \$500 million	\$12,000						
☐ up to \$30 million	\$4,000	☐ above \$500 million	\$20,000						
☐ up to \$60 million	\$5,000								
Legal Notice:									
By signing this appli	cation you are certifyin	g that all financial informatio	n provided is correct						
	•	above. If HIBCC determines	-						
		be invoiced for the balance du							
		any LIC that was obtained un	ider false financial						
pretenses and notify all invested parties. All fees are non-refundable.									
Signature of Official Represent	ative	Title							
									
Date									