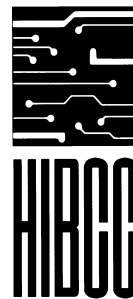


LABELER IDENTIFICATION CODE INFORMATION CHANGE FORM

To make changes to your existing LIC(s) complete this form & return it to our office.

**Health Industry Business
Communications Council**

4747 N. 22nd Street
Suite 406
Phoenix, AZ 85016
Tel: 602.381.1091
Email: info@hibcc.org
Web site: www.hibcc.org



■ LIC Change Form

PURPOSE OF FORM: LABELER IDENTIFICATION CODE (LIC) CHANGES

Select Change Type: ☐ Name Change ☐ Address Change ☐ Contact Change

CURRENT (OLD) INFORMATION:

LIC Number _____

Organization Name

Division / Subsidiary

Name of Official Representative

Title

Phone #

Fax #

Number and Street

City/State/Zip Code/Country

E-Mail Address

By signing below I agree to this change and certify that the above information is correct and true to the best of my knowledge.

Signature of Official Representative

Date

■ LIC Change Form

NEW INFORMATION:

(Please provide official documentation of any organization name changes)

LIC Number _____

Organization Name

Division / Subsidiary

Name of Official Representative

Title

Phone #

Fax #

Number and Street

City/State/Zip Code/Country

E-Mail Address

By signing below I agree to this change and certify that the above information is correct and true to the best of my knowledge.

Signature of Official Representative

Date

■ LIC Change Form

LIC Number _____

LIC CHANGE FEE (in US Dollars): \$50.00**METHOD OF PAYMENT**☐ Please charge to my credit card account. ☐ Visa ☐ MasterCard ☐ AmEx

CREDIT CARD # EXPIRATION DATE CSV/CID CODE

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

CARDHOLDER'S ADDRESS

CARDHOLDER'S CITY STATE ZIP/POSTAL CODE☐ A check made payable to HIBCC is enclosed.☐ Please Invoice Me – Purchase Order # _____

Signature of Official Representative Title

Date**Legal Notice:** All fees are non-refundable.

FOR OFFICE USE ONLY:

Date Received Form Date Received Payment Date Changes Entered