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

2525 E. Arizona Biltmore Circle Suite 127 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) INF	ORMATION:			
			LIC Number	
Organization Na	me			
Division / Subside	liary			
Name of Official	Representative			
Title				
Phone #			Fax #	
Number and Stre	et			
City/State/Zip Co	ode/Country			
E-Mail Address				
By signing below I agree to the best of my knowle		certify that the above	information is correct and true	
Signature of Official Rep	presentative		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

	Ll	LIC Number		
LIC CHANGE FEE (in US Dollars):	\$50.00			
METHOD OF PAYMENT				
☐ Please charge to my credit card account. ☐	Visa ☐ MasterCa	ard		
CREDIT CARD #	EXPIRATION DATE	CSV/CID CODE		
CARDHOLDER'S NAME (as it appears on the	card) SIGN	NATURE		
CARDHOLDER'S ADDRESS				
CARDHOLDER'S CITY ST	ATE	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:				
Legal Notice: All fees are non-refundable.				