

INSULIN MANUFACTURER REGISTRATION FEE EXEMPTION ELIGIBILITY CERTIFICATION FORM

Purpose

This form is provided for insulin manufacturers to certify that they meet the requirements outlined in MN Stat. 151.741, Subd. 2(b) to qualify for an exemption from the annual registration fee. Please complete, sign, and submit this form to the board as required.

Instructions

1. Complete this form and return to pharmacy.board@state.mn.us.
2. Be aware you may be asked to submit additional, supporting documentation before your exemption eligibility is determined.

Manufacturer Information

Licensee Name:	
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Licensee Address

Street Address:			
City:		State:	
		Zip:	

Contact Information

Contact Person:	
Contact Phone Number:	
Contact Email:	

Certification of Revenue Requirement for Exemption

I, the undersigned representative of _____ ("Manufacturer"), certify that for the previous calendar year ():

1. The gross revenue from sales of prescription insulin produced by Manufacturer and sold or delivered within or into Minnesota was less than five percent (5%) of the total gross revenue from sales of prescription insulin produced by all manufacturers and sold or delivered within or into Minnesota.
2. All information provided in this certification is accurate and complete.

Acknowledgment

I acknowledge that the Manufacturer may be subject to penalties or legal actions if any part of this certification is found to be false, misleading, or fraudulent.

Signature

By signing this document, I confirm that I am authorized to act on behalf of _____
and that all information provided above is true and accurate to the best of my knowledge.

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature: _____ Date: _____

Submission Instructions:

Please submit this form, along with any supporting documentation as requested, to:

Email: pharmacy.board@state.mn.us

Address: Minnesota Board of Pharmacy
335 Randolph Ave., Suite 230
St. Paul, MN 55102

For Board Use Only

Date Received:

Reviewed By:

Additional Documentation Required: ☐ Yes ☐ No

Received: ☐ Yes

Exemption Status: ☐ Approved ☐ Denied