

Officer Reporting Form MN-FAC-002

Wholesalers, Manufacturers, and Third-Party Logistics Providers - use this form to report officers. Minnesota Rule 6800.1400. Include additional pages if necessary.

Effective Date

DBA Name of Facility (as listed on the application)	MN License #	Physical Mailing Address	City	State	Zip
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Managing Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Signature of Applicant, Owner, Partner or Administrative Officer

Date

Printed Name

Fax: 612-617-2262