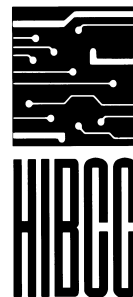


# **LABELER IDENTIFICATION CODE INFORMATION CHANGE FORM**

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](mailto:info@hibcc.org)  
Web site: [www.hibcc.org](http://www.hibcc.org)



# ■ LIC Change Form

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## PURPOSE OF FORM: LABELER IDENTIFICATION CODE (LIC) CHANGES

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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

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**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

