

Attachment A

Our records show the following contact information for your firm for all correspondences, invoices, and inquiries pertaining to PDUFA user fees. If the information is inaccurate, please make corrections and complete any missing information, as needed. Please sign, date, and return this page to CDERCollections@fda.hhs.gov by **June 10, 2016**.

No Changes Needed

* = Required Field

Required (*)	
Firm Name*:	
Firm Address*:	
Primary Contact*:	
Title*:	
Phone*:	
E-Mail*:	
Optional	
Fax:	
Secondary Contact:	
E-Mail:	
Tertiary Contact:	
E-Mail:	

Certification (*)	
I certify to the best of my knowledge that the information provided in Attachment A and B is true, correct and complete. I understand that federal law at 18 U.S.C § 1001 imposes criminal liability for falsifying or concealing a material fact from a branch of the Federal government.	
Signature*:	
Print Name*:	
Title*:	
Date*:	