

Notification of Participation and Compliance

Pursuant to Chapter 120 of the Laws of 2018, the New York State Drug Take Back Act (Public Health Law §§290-294) mandates that manufacturers of covered drugs establish, fund, and operate a New York State approved drug take back program(s) for the safe collection and disposal of unused covered drugs.

In compliance with Drug Take Back regulation Title 10 NYCRR §60-4.7(c), manufacturers must notify the Department upon contracting with a drug take back organization to operate a drug take back program on their behalf. Compliance with applicable regulations depends upon approval by the New York State Department of Health of the drug take back organization's proposal.

In accordance with Drug Take Back regulation Title 10 NYCRR §60-4.7(d), a manufacturer who begins to offer a covered drug must notify the Department of its joining an existing approved drug take back program, or submit a proposal for a drug take back program within ninety days following the initial offer for sale of a covered drug.

This Notice states that the following manufacturer has entered into an agreement with a drug take back organization which shall operate an approved drug take back program on its behalf.

Manufacturer

Legal Name: _____

Contact Name: _____

Phone: _____ E-mail: _____

Corporate Mailing Address

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

FDA Labeler Code, if applicable: _____

DEA Number, if applicable: _____ NYSED Registration Number, if applicable: _____

Manufacturer's Subsidiary (See page 2 to list additional subsidiaries)

Legal Name: _____

Contact Name: _____

Phone: _____ E-mail: _____

Corporate Mailing Address

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____ Country: _____

FDA Labeler Code, if applicable: _____

DEA Number, if applicable: _____ NYSED Registration Number, if applicable: _____

Drug Take Back Organization

Organization Name: _____

Contact Name: _____

Phone: _____ E-mail: _____

Signature

I, the undersigned, hereby certify under penalties of perjury, that the information stated herein is true, complete, and accurate to the best of my knowledge. False statements made herein are punishable as a class A misdemeanor pursuant to §210.45 of the Penal Law.

Corporate Officer/Owner Name: _____

Original Signature: _____ Date: _____

Title: _____

Submission

E-mail completed form(s) to the New York State Department of Health, Bureau of Narcotic Enforcement: dtb@health.ny.gov

Manufacturer's Subsidiary

Legal Name: _____

Contact Name: _____

Phone: _____ E-mail: _____

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DEA Number, if applicable: _____ NYSED Registration Number, if applicable: _____