

SMALL PHARMACY CERTIFICATION

This certification is made by:

Pharmacy Name: _____

Name: _____

Relationship to the Small Pharmacy: _____

On behalf of the Small Pharmacy, I certify that:

I. Authority

I am a representative of the Small Pharmacy and have the authority to make and submit this certification.

II. Certification

- The Small Pharmacy has less than fifteen retail outlets within the state of Washington under its corporate umbrella. The number of retail outlets under its corporate umbrella is ____.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (City) _____, (State) _____ on (Date) _____.

Signature of Declarant

Print or Type Name