

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 ____.

III. Relief Requested

Provide a brief statement explaining why you filed an appeal petition

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