Instructions for completing the FDA Certificate:

A completed Food & Drug Administration (FDA) Certificate Form is required and must be submitted when Medical and Dental Equipment is purchased.

Please fill out Part A if you represent a facility that intends to use the purchased items for their own use.

Please fill out Part B if you are a Pharmacy, Dentist, Doctor, Veterinarian or other Medical Professional intending to use the purchased items in your practice or business OR if you represent a business which is regularly and lawfully engaged in the sale, manufacturing, refurbishing or service of the items you purchased.

FDA Certification

Part A: I certify that I am a duly appointed and lawful representative of the facility identified below. I also certify that the equipment or products identified below will be used by this facility for the medical purposes it was intended for. Furthermore I certify that prior to the use of this equipment or products I will take necessary steps to assure that such equipment and products are not altered or misbranded within the meaning of these terms in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 311, et. seq.)

Items purchased:
____
____
____

Facility Name: ____
Facility Address: ____
____
Printed Name of Facility Representative: ______________________________________
Title: ____
Phone Number: ____
Signature of Facility Representative: ____
Date: ________________

Part B: I certify that I am a licensed practitioner and/or other person regularly and lawfully engaged in the use, sale, manufacture, service, and/or refurbishing of the medical equipment or products identified below. I also certify that prior to the use or sale of this equipment or products I will take necessary steps to assure that such devices are not altered or misbranded within the meaning of these terms in the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 311, et. seq.)

Items purchased:
____
____
____

Printed Name of Practice or Business: ____
Printed Name of Buyer: ____
Title: ____
Full address of Buyer: ____
____
Phone Number: ____
DEA # (where appropriate): ____
State Pharmacy License # (where appropriate): ____________________________________
Signature of Buyer: ____
Date: _______________

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OFFICIAL USE ONLY:

The entity above has been verified by the following KMA Representative on date below.

____ ______________________

KMA Representative Date