Missouri Third-Party Logistic Provider (3PL) Application

MANAGER-IN-CHARGE (MIC) STATEMENT

(Must be completed by the designated manager-in-charge)

LICENSE/FACILITY NAME				
FACILITY ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
DESIGNATED MANAGER-IN-CHARGE NAME		**DESIGNATED MANAGER-IN-CHARGE PHONE #**		
DESIGNATED MANAGER-IN-CHARGE E-MAIL ADDRESS				

ATTESTATION

I_____do solemnly swear or affirm that:

1. I agree that I will serve as the Manager-in-Charge of the third-party logistics provider (3PL) identified in this application. ☐ YES
2. I agree that I meet the Manager-in-Charge experience requirements as identified in 20 CSR 2220-8.045(2). ☐ YES
3. I understand that the 3PL license will be issued to the applicant with my name appearing as Manager-in-Charge. ☐ YES
4. I understand that I am personally responsible for ensuring the 3PL's compliance with all applicable state and federal law governing controlled substances and 3PL activity. ☐ YES
5. I understand and agree that as Manager-in-Charge, I must be physically present at the 3PL facility during normal business hours, except for absences due to illness, scheduled vacations or other authorized absences. ☐ YES
6. If my designation as Manager-in-Charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy. ☐ YES

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF PROPOSED MANAGER-IN-CHARGE	PHARMACIST LICENSE # (IF APPLICABLE)
PRINT NAME	DATE SIGNED

NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE SUBSCRIBED AND SWORN BEFORE ME, THIS _____DAY OF_____YEAR _____	COUNTY (OR CITY OF ST. LOUIS)