

Application for Excipient GMP Conformance Certification

IPEA/American National Standard

Application Number: *office use only*

1 Corporate Name:(to be listed on certificate) Site Corporate Name: (if different)

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Corporate Mailing Address:

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street city state postal code country

Corporate Contact:

Title:

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First Last

Contact Phone:

Fax:

E-mail:

Web Address:

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Dun & Bradstreet Number:

2 Name of Facility:

(If more than one facility, attach an application for each separate facility.)

Location Address:

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city state postal code country

Mailing Address:

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street city state postal code country

Site Contact Name:

Title:

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First Last

Site Contact Phone:

Fax:

E-mail:

Hours of Site Operation

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3 List Excipients, by monograph name, to be covered by the Certification

(Include all excipient grades generally offered for sale to all customers)

4 The quality system being used at the excipient production site is:

<input type="checkbox"/> ISO 9001	<input checked="" type="checkbox"/> Excipient GMP (IPEC-PQG or USP 1078)	<input type="checkbox"/> ICH Q7 (API)
<input checked="" type="checkbox"/> Other (please describe):		

A non-refundable check payable to IPEA or credit payment in the amount of \$ 500.00 is enclosed. Upon acceptance of this application, the fee will be applied to the certification project costs.

Return this application (along with payment) to:

IPEA, Inc.
Excipient GMP Conformance
1655 N. Fort Myer Drive, Suite 700
Arlington, VA 22209

I agree to comply with the requirements for Excipient GMP Conformance Certification and will supply any information needed for reevaluation of our Quality System. I am authorized to apply for Excipient GMP Conformance Certification on behalf of my company.

Name:

Title:

Date:

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First

Last

Signature:
