MARYLAND
Prescription Drug Affordability Board

16900 Science Drive
Suite 112-114
Bowie, MD 20715
pdab.maryland.gov

# CONTACT INFORMATION/ADDRESS FORM

**I request that the Maryland Prescription Drug Affordability Board update its records to reflect the following address and/or contact information:**

1) I,_____(name) am over 18 years of age and am competent to provide this information.

2) I am the/a_____(position title) for the assessed entity and the following information is true and correct:

Assessed Entity Name: _____

Entity Mailing Address: _____

_____

PDAB Vendor ID #: _____

Permit/NAIC Number(s): _____

Primary Contact Name: _____

Primary Contact E-mail: _____

Primary Contact Phone: _____

Secondary Contact Name: _____

Secondary Contact Email: _____

Secondary Contact Phone: _____

I acknowledge that it is the responsibility of the assessed entity to provide the PDAB with correct contact information and to provide PDAB with updated contact information in a timely manner.

I solemnly affirm under penalty of perjury that the contents of this document are true and accurate to the best of my knowledge, information, and belief.

Signature Date

Printed Name