



**MARYLAND**  
Prescription Drug Affordability Board

16900 Science Drive  
Suite 112-114  
Bowie, MD 20715  
[pdab.maryland.gov](http://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