



## 2026-2027 DESIGNATED REPRESENTATIVE ATTESTATION

### FACILITY INFORMATION

Legal Name of Facility: \_\_\_\_\_ SC Permit No.: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### DESIGNATED REPRESENTATIVE

South Carolina law requires certain facility permits to name a Designated Representative to accept responsibility for the operation of the facility and to abide with all applicable laws and regulations related to the procurement, storage, compounding, dispensing, and distribution of drugs.

Name of Designated Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### ATTESTATION

- I hereby affirm that I have read and approved the foregoing renewal application. I affirm that all information and statements contained herein are true and accurate, to the best of my knowledge and belief.
- I understand that I am responsible for abiding by the statutes and regulations governing my role as the facility's designated representative.
- I affirm responsibility to ensure this facility shall employ adequate personnel with the education and experience necessary to safely and lawfully engage in the wholesale distribution of drugs.
- I hereby certify that the facility for which this permit renewal is sought will be operated in full compliance with all applicable federal and South Carolina laws.
- I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

\_\_\_\_\_  
Designated Representative Signature

\_\_\_\_\_  
Date