

Government Liquidation

FDA CERTIFICATE FAX COVER SHEET

**Please fax this cover sheet along with your
FDA Certificate to 480-596-4483**

A completed Food & Drug Administration (FDA) Certificate form is required and must be submitted when Medical & Dental Equipment is purchased. The upper "A" portion of the FDA Certificate must be completed by a licensed medical professional. Resellers must complete the lower "B" portion of the FDA Certificate. Please list your **invoice number** on the line labeled "item number(s)" on the FDA Certificate.

Please include the following information.

**Number of pages
Including cover**

Customer Number

Sale Number

Invoice Number

Customer Number: Eight-digit number starting with 770..available on the top left corner of your invoice as well as at the top of the page on your "Profile" tab.

Sale Number: Three-digit number assigned to a specific sales event (i.e. 794, 824, 912) Available on the top right corner of your invoice.

Invoice Number: Six-digit number available on the top right corner of your invoice

Scottsdale Support Office
15051 N Kierland Blvd. ♦ 3rd Floor ♦ Scottsdale, Arizona 85254
Fax: (480) 367-1450 ♦ Customer Service Hotline: (480) 367-1300
Website: www.govliquidation.com

Customer Number: _____

Sale Number: _____

FDA CERTIFICATION

a. I certify that I am a licensed practitioner and/or other person regularly and lawfully engaged in the manufacture and/or refurbishing of the medical device items identified below. I also certify that prior to sale of use of such devices I will take necessary steps to assure that such devices are not adulterated or misbranded within the meaning of those terms in the Federal Food, Drug and Cosmetic Act.

(21 U.S.C.311, et seq.)

Invoice Number _____

Print Name _____

Title _____

Full Address _____

Telephone Number _____

(Sign) _____ Date _____

b. Recognizing that Federal law places stringent restrictions on adulterated or misbranded medical devices (2) U.S.C.311, et seq.) I certify that I either will sell or otherwise proffer the medical device item(s) identified below only to the persons described in a...above: I will not use those items for their original or usual intended use or for any other medical use.

Invoice Number _____

Print Name _____

Title _____

Full Address _____

Telephone Number _____

(Sign) _____ Date _____

False or misleading statements may result in a fine for not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 1001).