

1021 North Grand Avenue East P.O.Box 19276 Springfield, Illinois 62794-9276

Drug Manufacturer Registration Form

Calendar Year 2024 (Due January 1, 2024) 2024 fee is \$2,500

Company Information:				
Company Name:				
Street Address 1 of headquarters:				
Street Address 2:				
City:	State	Zip Code:	County:	
Contact Person:		Role/Title:		
Contact Information:				
First Name:	Last Name:			
Direct Phone:		E-mail:		
Mailing Address:				

Certification of Compliance

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

By typing in your name you are verifying the information on this form is accurate.

Name: Title: E-mail: Phone: Date:	Electronic payments Manufacturer Regist made with Illinois eP the One Time Payme note that you will ne EPA Bureau of Land I obtained by emailing EPA.Recycling@Illing	ration fees can be ay by choosing int option. Please ed your Illinois D, which can be s <u>bis.gov</u> if it has not	Submit completed form to: EPA.Recycling@Illinois.gov	
	yet been provided to Check should be made payable to: Illinois Environmenta Protection Agency	, Mail check to: Illinois Environmental Protection Agency		