



Veterinary Drugs Directorate (VDD)
Health Products and Food Branch (HPFB)

Administrative Changes - Certification Form For Veterinary Drugs

Reason for Submission:

Table with 3 columns: Reason for Submission, Arrow, and Outcome. Rows include Manufacturer Name Change, Product Name Change, etc.

I, the undersigned, certify that all aspects of the drug submission pertaining to:

(Name of Product)

submitted by:

(Name of Manufacturer)

are identical to:

(Current Name of product) (Current Name of Manufacturer) (Current DIN)
except for name changes to the manufacturer and/or product, and that the product will be manufactured in the same location(s) with identical specifications and procedures.

Name of Authorized Signing Official and Title

Authorized Signature

Note: You may sign by either using your Authorized Electronic Signature, or by printing/signing/scanning the document

Name of Manufacturer

Telephone Number

Email

\*Change needs to be between two innovator licensors or two generic licensors