



## Form F202 - Submission of a New or Modified Quality Management System Certificate

**1. In accordance with subsection 43.1 and subject to section 34 of the Medical Devices Regulations, the manufacturer noted below hereby submits a new or modified quality management system.**

a) Certificate number of certificate being replaced:

b) Certificate number of new or modified certificate:

c) Indicate change(s) made to certificate identified above in a):

Manufacturer's name <sup>1</sup>	Scope of registration	Expiry date
Manufacturer's address <sup>1</sup>	Standard	Registrar
Locations	Issue date	Other

1 Changes in a Manufacturer's Name and/or Address may require a Name/Address Change [Minor Change](#) Amendment Form

d) Licence, authorization, or application in process numbers to which this new/modified certificate applies (enter or attach list):

### 2. Manufacturer information

I, the manufacturer holding the certificate identified in 1a), hereby submit a new or modified version of my quality system certificate in accordance with subsection 43.1 of the *Medical Devices Regulations*.

Name of manufacturer

Address:

Name of signing official (print):

Signature:

Date (yyyy/mm/dd):

**Instructions:**

Mail or email a copy of this form with an attached copy of your new or modified certificate, including all its attachments and the list required in 1d) if necessary, to:

Medical Devices Directorate  
 Health Canada  
 11 Holland Avenue  
 Address Locator: 3002A  
 Ottawa ON K1A 0K9

**Email:** [qs.mdb@hc-sc.gc.ca](mailto:qs.mdb@hc-sc.gc.ca).

**Attention:** Manager, Quality Systems Section

