



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
Office of Drug Control  
New Jersey Prescription Blank Unit  
124 Halsey Street, P.O. Box 45045, Newark, NJ 07101  
(973) 504-6351

## Subcontractor's Information

(The completed form must be returned directly to the vendor.)

(Please print clearly.)

Date: \_\_\_\_\_

You may make as many photocopies of this form as necessary. **Note:** Every subcontractor used by the vendor must provide the answer to each question on this form. The forms should be sent back to the vendor who must submit the forms with the Application to Become an Approved Vendor for the Production of New Jersey Prescription Blanks. (Answer "not applicable" if the question does not apply to your firm.)

1. \_\_\_\_\_  
Name of subcontractor's company

2. \_\_\_\_\_  
Address of subcontractor's business location

3. \_\_\_\_\_  
Telephone number (include area code)      Fax number (include area code)      E-mail address

4. \_\_\_\_\_  
Hours of operation

4a. This business is (check one):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> A partnership
<input type="checkbox"/> A limited-liability partnership	<input type="checkbox"/> A limited-liability company (L.L.C.)
<input type="checkbox"/> A privately held corporation	<input type="checkbox"/> A publicly traded corporation

5. \_\_\_\_\_  
Web site address

6. Provide the name and telephone number for the contact person responsible for **any** part of the printing, ordering and security of New Jersey Prescription Blanks.

\_\_\_\_\_  
Name of contact person      Telephone number (include area code)

7. Provide the name, address and percentage of ownership in the company for **every** partner, trustee, receiver or other person in whom ownership is vested.

\_\_\_\_\_  
Name      Address      Percentage of ownership

\_\_\_\_\_  
Name      Address      Percentage of ownership

\_\_\_\_\_  
Name      Address      Percentage of ownership

\_\_\_\_\_  
Name      Address      Percentage of ownership

\_\_\_\_\_  
Name      Address      Percentage of ownership

8. Provide a complete list of all of the equipment used to print the New Jersey Prescription Blanks.

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9. Provide a detailed description of the subcontractor's production of **any** portion of the New Jersey Prescription Blanks.

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10. Provide a detailed description of the security measures used by the subcontractor in the production of the New Jersey Prescription Blanks.

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**Note to subcontractors: If more space is required to answer these questions, you may attach additional sheets of paper to this form. Please be sure to indicate the number of the question to which you are responding on each additional sheet.**

### **Certification**

I certify that the foregoing information supplied by me is true and correct to the best of my knowledge, and I understand that any material misrepresentations contained herein shall constitute grounds for disapproval of subcontractor status, or termination of such status, and that any willful misrepresentations may result in criminal prosecution or other appropriate civil or administrative action. I represent that I have the authority to agree, on behalf of the applicant, that upon approval as a subcontractor of New Jersey Prescription Blanks, the subcontractor shall comply with all of the specifications and subcontractor requirements. I understand that any violation of the specifications or subcontractor requirements shall constitute grounds for termination of subcontractor status and may expose the subcontractor to other appropriate sanctions under law. (N.J.A.C. 13:45A-27.10 (a)5)

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Print name and title of signatory

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Signature

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Date