Attachment A

Our records show the following contact information for your firm for all correspondences, invoices, and inquiries pertaining to PDUFA user fees. If the information is inaccurate, please make corrections and complete any missing information, as needed. Please sign, date, and return this page to CDERCollections@fda.hhs.gov by **June 1, 2026**.

☐ No Changes Needed

* = Required Field

Primary Information (*)	
Firm Name*:	
Firm Address*:	
Primary Contact*:	
Title*:	
Phone*:	
E-Mail*:	

Additional Information (*)	
Fax:	
Secondary Contact:	
Phone:	
E-Mail:	
Tertiary Contact:	
Phone:	
E-Mail:	
Federal Tax ID*†:	
DUNS Number*:	

Certification (*)	
I certify to the best of my knowledge that the information provided in Attachments A and B is true, correct, and complete. I understand that the Federal Law at 18 U.S.C § 1001 imposes criminal liability for falsifying or concealing a material fact from a branch of the Federal government.	
Print Name*:	
Title*:	
Date*:	
Signature*:	

†Note: Federal Tax ID is not applicable for non-US firms.