

IMPORTANT: This document must be printed out on your organization's letterhead and returned.

Date: dd-mmm-yyyy

Officer's Name & Title:

Organization Name:

Street Address:

City:

Province:

Postal Code:

I _____ of _____ certify
that _____ is currently employed at our organization and is
authorized to order controlled substances and narcotics.

Sincerely,

For any clarification or validation, you may reach me directly at:

Phone:

Email: