

Transmittal Sheet

Submission Information									
Submitter ID _____									
File Name(s) (each file name shall be separated by a comma): _____									
File Type(s) (Select all that apply): ME MC PC DC PV									
Submission Period Start Date _____			Submission Period End Date _____						
Date Submission Compiled _____			Date Submission Sent _____						
Number of Records Contained in the Submission (For all submitted file types):									
_____	ME	_____	MC	_____	PC	_____	DC	_____	PV

Point of Contact Information for this Submission

First Name _____ Last Name _____

Company Name _____

Title _____ Email Address _____

Phone _____ Fax _____

Mailing Address _____

City _____ State _____ Zip Code _____

By signing, I certify that all information and data submitted with this Transmittal Sheet is accurate, complete, and fully compliant with the current version of the applicable SHPDA HHDC APCD Data Submission Guide.

**** Signatory must be an authorized Corporate Officer of the Reporter.**

Signature _____

First Name _____ Last Name _____

Title _____