

# **NHPCB Retailer Application Eligibility Form**

Date: May 2<sup>nd</sup>, 2023

## **Overview**

This form was created to help determine eligibility for the Retailer Application. Please send this completed form to [applications@AIHSeal.com](mailto:applications@AIHSeal.com). On successful completion and acceptance of the eligibility form, you will be receiving a link to the application portal.

Please feel free to reach out to us with any questions as you complete this form ([applications@AIHSeal.com](mailto:applications@AIHSeal.com)). Note that if you are a brand owner or manufacturer, that this requires a separate application. Note that this form only needs to be completed and accepted once to determine eligibility, and is not needed to be filled out again for annual retailer renewal.

## **Contact Information**

A. Name of Person Filling Out Form (Required Field)

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B. Email of Applicant and Company (Required Field):

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C. Phone Number of Applicant and Company (Required Field)

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D. Name of Organization (Required Field)

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E. Address of Company (Required Field)

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F. Company Website (Required Field)

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## **Retailer Applications**

Please confirm the following:

- That the Retailer is neither a Brand Owner nor Manufacturer.
- That the Retailer does not relabel or repackage their homeopathic products.
- That the Retailer does not graft homeopathic medicines for resell.

- That the Retailer will sell at least one certified homeopathic product.
- Able to pay the retailer application fee (<https://certifiedhomeopathic.org/wp-content/uploads/2023/05/NHPCB-Fee-Sheet.pdf>). .

Please confirm that the retailer can provide evidence for the following:

- A letter of attestation that the application is accurate and truthful.