

12/2019 (old version)	10/2021 (new version)	Type of Change	Reason for Change	Burden Change
STATE MDP CONTACT	STATE MDRP CONTACT	Rev	Previous Contact Name was Incorect	N/A
NAME OF CONTACT, EMAIL ADDRESS TEL: AREA PHONE NUMBER EXT., FAX: AREA PHONE NUMBER EXT. STREET ADDRESS CITY, STATE, ZIP CODE	NAME OF CONTACT, EMAIL ADDRESS TEL: AREA PHONE NUMBER EXT., FAX: AREA PHONE NUMBER EXT. AGENCY/OFFICE/CORPORATION STREET ADDRESS CITY, STATE, ZIP CODE	Rev	Added in another line to further identify the contact's Agency, Office, or Corporation.	N/A
N/A	State Signature Block: Verification by the State I certify that the contact information provided on this form is accurate. By: _____ (signature) (please print name) Date: _____	Add	For states to certify the information submitted on their 368 is accurate.	N/A

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.