



## NMEDA Monthly QAP Label Use Summary Form

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MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

DEALER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

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**QAP LABELS ON HAND AT THE BEGINNING OF MONTH:**

N- \_\_\_\_\_ TO N- \_\_\_\_\_

**QAP LABELS ON HAND AT THE END OF MONTH:**

N- \_\_\_\_\_ TO N- \_\_\_\_\_

**TOTAL NUMBER OF LABELS APPLIED DURING MONTH:**

\_\_\_\_\_ LABELS APPLIED

**Instructions:**

Send this completed form along with a copy of all corresponding “Label Reporting Forms” (ref: QAP-F25) to the Audit Firm at the 1<sup>st</sup> of each month. Failure to submit this and all completed label reporting forms by sixty (60) days of the 1<sup>st</sup> of the month will result in temporary suspension in accordance with the QAP Membership Rules section V.B.3.