

For Office Use Only
P _____ CS _____
Penalty \$ _____

**Alabama State Board of Pharmacy**  
 111 Village Street  
 Birmingham, AL 35242  
 (205) 981-2280 fax (205) 981-2330  
 www.albop.com

Permit # _____
_____

**2015/2016 MANUFACTURER/WHOLESALE/DISTRIBUTOR RENEWAL APPLICATION**  
**(Due by 10/31/14 Renews through 12/31/16)**

**Permit Fee \$500      Controlled Substance Fee \$600      Change of ownership fee \$250      Address change only : \$10**

If you do not manufacture/wholesale/distribute controlled substances, complete CS waiver. Go to [www.albop.com](http://www.albop.com)

•Non-Disciplinary Penalty for Late Renewal of License or Permit – 680-X-2-.40 •Payments made after 12/31/14 and by 1/31/15 will result in amounts due as follows: **Permit \$750    CS \$900**

<u>Name &amp; Address</u>  	If information has changed enter correction below. Please Type or Print.
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Phone \_\_\_\_\_ Fax \_\_\_\_\_ County \_\_\_\_\_

E-mail \_\_\_\_\_ If email has changed, enter new email \_\_\_\_\_

Contact Person \_\_\_\_\_ Cell \_\_\_\_\_

Name of Owner(s): (if corporation, attach list of officers) \_\_\_\_\_

FEIN# \_\_\_\_\_ (required in the event of reporting to HIPDB) If changed, enter new FEIN \_\_\_\_\_

All other trade or business names ("DBA" names) used by same corporation \_\_\_\_\_

Type of Operation: (Circle all that apply)

Full Service; Manufacturer; Repackager (name of pharmacist \_\_\_\_\_); Buying Group; Import/Export; Distribution Center  
 For Multiunit Pharmacy Corporation; Other (Please Specify) \_\_\_\_\_

Sells Drugs To: (Circle All That Apply)

Community Pharmacies; Hospitals; Other Wholesalers; Physicians Or Other Practitioners Licensed To Prescribe; Veterinarians; Other  
 (Please Specify) \_\_\_\_\_

Type Of Drugs Distributed: (Circle All That Apply)

Controlled Substances; Prescription Drugs; Over-The-Counter Drugs (Please Specify); \*Precursor Chemicals; Medicinal Gases; Other  
 (Please Specify) \_\_\_\_\_

Check Controlled Substances applicable to distribution in Alabama: \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ V

Do you currently have a federal registration with the Drug Enforcement Administration? Yes \_\_\_\_\_ No \_\_\_\_\_ Applied for \_\_\_\_\_

DEA # \_\_\_\_\_ Expiration date \_\_\_\_\_

<b>SINCE LAST RENEWAL:</b>	
Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? If yes, explain _____	YES NO
Are you currently registered or permitted in any other states? If yes, please list states (including AL) _____	YES NO
Has applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give states and status _____	YES NO
Has applicant, officer, member or partner ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor? If yes, give states & status _____	YES NO
Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation or ownership of a pharmacy, manufacturer, wholesaler or distributor? If yes, give states & status _____	YES NO
Has the applicant, officer, member or partner ever been issued a license to practice pharmacy? If yes, give states & current status of the license _____	YES NO
Has the license ever been sanctioned or subject to discipline? If yes, explain _____	YES NO

**It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Practice Act, the Rules of the Board and all other applicable statutes and rules.**

Signed \_\_\_\_\_ (Officer, give title) \_\_\_\_\_ Date \_\_\_\_\_

**Are you a US Citizen? YES NO** If NO, submit documentation of legal status in this country.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ A.D.

APPLICATION MUST BE NOTARIZED

\_\_\_\_\_  
 Notary Public (seal)

**\*Precursor chemicals are those designated as such by Federal Regulation. Please review Board Rule 680-X-2-.24 as it is your responsibility to know which substances are designated as precursors. A separate permit is required.**

**☀ FOR APPLICANTS LOCATED OUTSIDE OF ALABAMA, SEND A COPY OF THE RESIDENT STATE LICENSE. Registration with the Alabama Secretary of State is required. Go to [www.sos.alabama.gov](http://www.sos.alabama.gov) for further information.**

**APPLICATION CHECK LIST**

**FOR RENEWAL OF NON-RESIDENT MANUFACTURERS/WHOLESALERS/DISTRIBUTORS**

**FAILURE TO INCLUDE ATTACHMENTS CAUSES DELAYS IN COMPLETING FILINGS.**

**Be Sure To Include:**

Forms noted below can be found on our Website - [WWW.ALBOP.COM](http://WWW.ALBOP.COM)

\_\_\_ Complete a 2015-2016 Blank M/W/D Renewal Application

\_\_\_ Complete a Non-Resident Renewal Statement

\_\_\_ Pay All Fees pertaining to your business (\$500 Permit Fee and \$600 Controlled Substance Fees are separate) Please add/include both amounts if you will dispense Controlled Substances.

\_\_\_ Controlled Substance Waiver 2015-16 - If you will not dispense Controlled Substances in Alabama

\_\_\_ Pay Late Fees (\$25 per month for each month late this year)

\_\_\_ Final Court Order Details - If NEW Disciplinary Actions are noted on your Application

**IF MAILING ITEMS:**

**ALABAMA STATE BOARD OF PHARMACY**

**111 VILLAGE STREET**

**BIRMINGHAM, AL 35242**

**Please include this Check List with your requested items.**

**CONTACT'S PRINTED NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**NOTES:**