

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 # _____

2017/2018 MANUFACTURER/WHOLESALE/DISTRIBUTOR RENEWAL APPLICATION
(Due by 10/31/16 Renews through 12/31/18)

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

	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 _____

SINCE LAST RENEWAL:	
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 for further information.