

Alabama State Board of Pharmacy

111 Village Street

Birmingham, AL 35242

(205) 981-2280 fax (205) 981-2330

2015/2016 MANUFACTURER/WHOLESALE/DISTRIBUTOR APPLICATION FOR NEW PERMIT

Permit Fee: \$500 Controlled Substance Fee: \$600 (Valid through 12/31/2016)

If you do not manufacture/wholesale/distribute controlled substances, complete Controlled Substance Waiver form. Go to www.albop.com

In state only: Date ready for Inspection Opening Date

Name FEIN# (required in the event of reporting to HIPDB)

Address

City State Zip County

Contact Person Phone Fax

Cell E-mail

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

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 To: (Circle All That Apply) Community Pharmacies; Hospitals; Other Wholesalers; Physicians Or Other Practitioners Licensed To Prescribe; Veterinarians; Other (Please Specify)

Type Distributed: (Circle All That Apply) Controlled Substances; Prescription Drugs; Over-The-Counter Drugs (Please Specify); Precursor Chemicals; Medicinal Gases; Other (Please Specify)

Check CS applicable for distribution in Alabama: Schedule II Schedule III Schedule IV Schedule V Do you currently have a federal registration with the Drug Enforcement Administration? Yes No Applied for DEA # Expiration date

Table with 2 columns: Question and YES NO. Questions include: Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor... Are you currently registered or permitted in any other states? Has applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor? Has applicant, officer, member or partner ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor? 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? Has the applicant, officer, member or partner ever been issued a license to practice pharmacy? Has the license ever been sanctioned or subject to discipline?

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 (Title) Date

Print Name Applicant's SS REQUIRED by Code of Alabama 1975 § 30-3-194 (a)

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

Subscribed and sworn to before me this day of 20

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. You are required to complete a separate Precursor Chemical application.

* Alabama has adopted the 2009 International Fire Code as minimum standard for the Fire Code in Alabama. Requirements for the storage of compressed gases are covered in Chapters 27, 30, and 40. You must submit a letter or certified document from the State Fire Marshall or from a Fire Prevention Division in your area stating you meet all requirements for storage of medical oxygen, before a permit is issued. (Applicable to in state only)

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.state.al.us for further info.

**APPLICATION CHECK LIST
FOR NEW NON-RESIDENT M/W/D**

FAILURE TO INCLUDE ATTACHMENTS CAUSES DELAYS IN COMPLETING FILINGS.

(Forms noted below can be found on our Website - WWW.ALBOP.COM)

- ___ Current 2015-2016 Application Form completed in its entirety (FEIN, SSN, etc.).
- ___ All Fees pertaining to your business (Permit Fee and 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
Will need Original Notarized copy
- ___ Copy of Resident State License - Can be scanned and Emailed
- ___ Completed Verification Form from Resident State - Will need Original Notarized copy Mailed in
- ___ Proof of Registration with the Alabama Secretary of State Office - www.sos.state.al.us
Can be scanned and Emailed
- ___ Final Court Order Details - If Disciplinary Actions are noted on your Application- Emailed

Virtual Manufacturers (in addition to above items)

- ___ Please note "VIRTUAL" on your Application under Type
- ___ Provide Third Party Provider Agreement (3PL) - **First and Signature pages**
- ___ Provide Contract Manufacturing Agreement (CMO) - **First and Signature pages**
- ___ Provide VAWD Accreditation Certificate of 3PL
- ___ 3PL MUST also be Registered with our ALBOP Office
- ___ Manufacturer MUST also be registered with our ALBOP Office

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: