

For Office Use Only
P _____

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

For Office Use Only
Permit # _____
Inspector _____
Date _____
Approved _____
Validation # _____

**2015/2016 MANUFACTURER/WHOLESALE/DISTRIBUTOR of PRECURSOR
CHEMICALS APPLICATION FOR NEW PERMIT**

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

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) _____

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.

List Precursor Drugs Sold in Alabama _____

Do you currently have a federal registration with the Drug Enforcement Administration? Yes _____ No _____ Applied for _____
DEA # _____ Expiration date _____

Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? YES NO If yes, explain _____	
Are you currently registered or permitted in any other states? YES NO If yes, please list state(s) (including AL) _____	
Has applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor? YES NO If yes, give state(s) and status _____	
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 state(s) & status _____	
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 state(s) & status _____	
Has the applicant, officer, member or partner ever been issued a license to practice pharmacy? YES NO If yes, give state(s) & current status of the license _____	
Has the license ever been sanctioned or subject to discipline? YES NO If yes, explain _____	

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 _____

Print Name _____ Applicant's SS # _____ Required by the Code of Alabama 1975 § 30-3-194 (a)

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)

 **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.us for further information.