

ALABAMA STATE BOARD OF PHARMACY
111 VILLAGE STREET
BIRMINGHAM, AL 35242

MANUFACTURER/WHOLESALE/DISTRIBUTOR PERMIT VERIFICATION

This form must be completed by the applicant and the Board of Pharmacy of the state in which the applicant is located and returned with the M/W/D permit application to the Board office before a permit will be issued.

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|--|-------|--------------------|
| Name of Facility | | |
| Physical Address of Facility | | |
| City | State | Zip |
| Name of Contact Person | | Facility License # |
| The following section is to be completed by the Board of Pharmacy of the state in which the applicant is located. | | |
| Is the M/W/D properly licensed or registered in your state? | | YES NO |
| Has this M/W/D been the subject of disciplinary action(s) taken by any licensing jurisdiction, government agency, law enforcement agency or court? | | YES* NO |
| *If yes, attached a letter of explanation, a copy of the charging document/complaint and all relevant court documents. | | |
| Printed name and title of State Official | | State |
| Signature of State Official | | Date |
| SEAL | | |