

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 to the Board office before a permit will be issued. **PLEASE SEND WITH APPLICATION AND NOT SEPARATELY**

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		