

For Office Use Only
P _____
PENALTY \$ _____

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

Permit # _____

**2017 MANUFACTURER/WHOLESALE/DISTRIBUTOR OF
 PRECURSOR CHEMICALS RENEWAL APPLICATION
 (Renews through 12/31/17)**

Permit Fee \$500 Change of ownership fee \$250 Name Change only \$10

NAME/ADDRESS	If information has changed enter correction below. Please Type or Print.
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Phone _____ Fax _____ County _____

Contact Person _____ Cell _____

E-mail _____ If email has changed, PRINT new email _____

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 name(s) ("DBA" name(s)) 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 Chemicals Sold in Alabama

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 state(s)? If yes, please list state(s) (including AL) _____	YES NO
Has applicant, officer, member or partner owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) and status _____	YES NO
Has applicant, officer, member or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor? If yes, give state(s) & 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 state(s) & status _____	YES NO
Has the applicant, officer, member or partner been issued a license to practice pharmacy? If yes, give state(s) & current status of the license _____	YES NO
Has the license 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)

 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.