

# 2015 WHOLESALER RENEWAL APPLICATION

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232



Please PRINT or TYPE **WARNING:** ORS 475.135(1)(e) and ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Business Name (DBA) \_\_\_\_\_

Corporation Name \_\_\_\_\_

Parent Company Name (if applicable) \_\_\_\_\_

License Number \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number ( ) - FAX # ( ) -

**Is the address listed above the primary mailing address for license and renewals?** [ ] Yes [ ] No

If No, please complete the mailing information below:

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Licensing Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

## Officers or Members Information

Complete this section for Corporate Officers or Members. You may provide an attachment with this information.

1. Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## **Designated Representative or Contact Representative of Facility**

**Please complete ONE of the following.** If you are a Class I Wholesaler complete the Designated Representative information. If you are a Class II Wholesaler, Class III Wholesaler or a Third-Party Logistics Provider complete the Contact Representative information.

### Designated Representative Information:

*FOR WHOLESALER CLASS I OUTLETS ONLY*

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Normal Business Hours of Facility \_\_\_\_\_

### Contact Representative Information:

*FOR WHOLESALER CLASS II, III, AND THIRD-PARTY LOGISTICS PROVIDERS*

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Normal Business Hours of Facility \_\_\_\_\_

## Attestation and Signature

### Please Select the Applicable Classification for your Registered Facility

**Class I Wholesaler** - Distributes any of the following:

- Prescription Drugs;
  - Controlled Substances;
  - Devices Containing Prescription Drugs;
  - Medicinal Chemicals; or
  - Poisons
- Note: A registered Class I Wholesaler may distribute Non-Prescription Drugs with this registration.

If you are a Class I Wholesaler, please check one of the following items and submit the required documents along with your renewal application.

This facility is **VAWD Accredited** through the **NABP**. A copy of our accreditation certificate is enclosed. If you have submitted an application to **NABP**, mark pending below and indicate the date it was submitted.

Pending      Date Submitted: \_\_\_\_\_

**-OR-**

We are located in Oregon; or we are a non-resident facility that has been inspected within the last three years by a state whose inspection report has been approved by the Oregon Board of Pharmacy. A copy of our inspection report and a copy of our \$100,000 Surety Bond or Irrevocable Letter of Credit are enclosed (if applicable).

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**Class II Wholesaler** – Does not distribute Controlled Substances and only distributes the following:

- Non-Prescription Drugs

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**Class III Wholesaler (NEW CLASSIFICATION)** – Is a State or Local Government Agency, or a Non-Profit Relief Organization Approved by the Board;

**-OR-**

Distributes any of the following:

- Drugs for Veterinary use;
- Prescription Devices that do not contain Prescription Drugs;
- Oxygen USP and Medical Gases;
- Intravenous Drugs; or
- Medical Convenience Kits

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**Third-Party Logistics Provider**

- Provides logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, but does not take ownership of the product, and does not have responsibility to direct the sale or disposition of the product.
- Effective July 1, 2015, the Board adopted rules that require a Third-Party Logistics provider to register as a Drug Distribution Agent. If you are a Third-Party Logistics Provider currently registered as a Wholesaler, please check this box. Your registration type and registration number will change and you will be issued a Drug Distribution Agent registration upon renewal.

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**Yes**  **No** - Since the date of your last renewal has **disciplinary action** been taken, or is any such action currently pending against any of the persons or establishments listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation? If “yes”, attach a copy of the Board Order if applicable, a detailed explanation of the incident and describe any penalty incurred.

The undersigned hereby states that all the information contained in this application for renewal is true and correct, that they have read and are familiar with the pharmacy laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

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Print or Type Name

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Signature

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Date

