APPLICATION FOR REGISTRATION

WHOLESALER CLASS III

In State and Out of State

(Expires September 30 Annually)

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
Telephone: (971) 673-0001
www.pharmacy.state.or.us

Wholesaler Class III Registration	Fee: $400.00
Laws & Rules (If Needed)	Fee: $25.00

ALL FEES ARE NON REFUNDABLE

Dear Applicant:
Please read the following instructions for applicants for registration as a Wholesaler Class III Drug Outlet.

1. Oregon Administrative Rule 855-065-0001 states who is required to register as a Wholesaler Class III. http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_065.html

2. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until we have notified you that we have approved your application. Registrations expire September 30 each year. We do not prorate fees. We will mail out renewal notices in mid-July and you must return renewal applications with the fee, post-marked by August 31.

3. A Wholesaler Class III Registration authorizes the applicant to conduct the wholesale distribution of drugs distributed exclusively for veterinary use, prescription medical devices that do not contain a prescription drug, oxygen USP, medical gases, intravenous drugs by which formulation are intended for the replenishment of fluids, electrolytes or calories, and medical convenience kits into and within Oregon. State or local government agencies and non-profit organizations approved by the Board may register as a Wholesaler Class III Drug Outlet to distribute drugs and devices.

4. You may need **both** a Wholesaler and Manufacturer registration depending on the services you provide.

5. Each company, even if under common ownership, **must** submit a separate application for registration.

6. You must pay a registration fee for each application for **a New Registration**, **an Ownership Change or a Location Change**. If you are completing these forms to report a **Name Change** only, you do not pay a fee. We can only accept payment by check or money order. **All fees are non refundable.**

7. If you are registering as a Wholesaler and perform repackaging functions (which means repackaging or otherwise changing the container, wrapper, or labeling of a prescription drug to further its distribution) you must include an explanation of all repackaging functions the Wholesaler is performing.

8. **Oregon Revised Statues and Administrative Rules** are accessible on our website at: http://www.pharmacy.state.or.us. You may purchase a hard copy or CD for $25 (check the box on the application if you wish to purchase one or more sets).

9. **Ownership:** Please complete and submit the **Ownership** form for our records.

10. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) We cannot process your application without this verification. To prevent any delay in processing, submit a completed verification form or letter from your home state licensing agency with your application. If your home state does not issue you any type of professional or business license, attach a letter from the state agency that licenses drug outlets stating that you do not need a license.

11. **Contact Information:** Please complete and submit the **Contact Information** form, which will facilitate the flow of information between us.

APPLICATION FOR REGISTRATION

FOR BOARD USE ONLY	[0317] $400.00 [0324] $ 25.00
RECEIPT #	_____
BATCH DATE	_____
ENTERED BY	_____

WHOLESALER CLASS III

Oxygen USP & Medical Gases
Prescription Medical Devices
Drug for Veterinary Use Only
Intravenous Drugs
Medical Convenience Kits
State or Local Government Agencies
Board Approved Non-Profit Entities

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Please check all that apply:

[ ] Wholesaler Class III Registration **Fee: $400.00**
[ ] Laws & Rules per set, please indicate quantity **Fee: $ 25.00**

TOTAL ENCLOSED:_____
ALL FEES ARE NON REFUNDABLE

Please check the appropriate box regarding application status:

[ ]	New Outlet	Start Date_____	
[ ]	Owner Change	Date Effective_____	Current Registration Number_____
[ ]	Location Change	Date Effective_____	Current Registration Number_____
[ ]	Name Change Only	Date Effective_____	Current Registration Number_____
[ ]	Registration Type Change	Date Effective_____	Current Registration Number_____

You must submit a new application and registration fee within 15 days of a change of ownership or location.

Please PRINT or TYPE

WARNING: ORS 475.135 (e) and OAR 855-065-0007 (4) prohibits the furnishing of false information and is grounds to deny registration.

Business Name _____

Location Address _____

City, State, Zip _____

Phone Number _____ Fax # _____ Email _____

Mailing Address (If different from above) _____

City, State, Zip _____

Federal Tax ID # _____ Website: _____ FDA # _____

Contact Person _____ Title _____ Contact Phone _____

Email Address _____

Types of Products Wholesaled: _____

Please check all that apply to this location.

[ ] Prescription Medical Device Distributor [ ] State or Local Government Agency [ ] Distributor of Drugs Exclusively for Veterinary Use [ ] Board Approved Non-Profit Entity [ ] Oxygen USP/Medical Gases [ ] Intravenous Drugs

[ ] Medical Convenience Kits [ ] Repackager [ ] Other _____

Contact Representative

Name/Title _____

Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Email Address _____

Normal Business Hours of Facility _____

Please answer all of the following:

1. [ ] Yes [ ] No Has disciplinary action ever been taken, or is any such action currently pending against any of the persons listed in 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 detailed explanation of the incident and describe any penalty incurred.

2. [ ] Yes [ ] No Prior to distributing any pharmaceutical product into Oregon, do you verify that the product's manufacturer is licensed in Oregon?

3. [ ] Yes [ ] No Prior to shipping any pharmaceutical product into or within Oregon, do you verify that the recipient is licensed in Oregon?

4. [ ] Yes [ ] No Are you a repackager as defined in OAR 855-065-0005(19)? If yes, a detailed description of all repackaging functions you perform must be submitted with your application.

Please select all that apply:

[ ] I wish to have my registration application processed on the date you receive my complete application and payment in your office. Because the Oregon Board of Pharmacy does not prorate fees**, I realize that by having my registration become effective before the beginning of the renewal period (October 1), my license will not be valid for a full year.**

[ ] I wish to have my registration become effective on the next October 1st. (only applicable for new outlets)

[ ] Enclosed is $25 for a [ ] CD or [ ] a paper copy (check one) of the Oregon Board of Pharmacy's laws and rules. If you need more than one copy, indicate how many and enclose $25 per copy.)

The undersigned hereby certifies that all the information contained in this application for wholesaler registration is true and correct and that all the provisions of the law relative to the conduct of business operating there under will faithfully be observed. I also understand that under ORS 475.135(e) and OAR 855-065-0007 (4), the furnishing of any false information is grounds for denial of registration.

_____	_____	_____
Print or Type Name of Applicant	Signature of Applicant or Authorized Individual	Date

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS AND FEES, PAYABLE TO THE
OREGON BOARD OF PHARMACY

ALL RETURNED CHECKS WILL BE ASSESSED A $35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

Ownership Information

Publicly Held Corporation [ ] Yes [ ] No

If No, Owner Name _____

Parent Company Name (If owned by another entity) _____

Complete this form for all owners. If a publicly held corporation, list CEO or President.
This page may be duplicated as needed.

1.

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

2.

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

3.

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

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License/Registration Verification in Resident State

License/Registration Verification in Resident State (required for all Drug Distribution Agents, Manufacturers and Wholesalers located outside the State of Oregon). To prevent any delay in processing, submit this form or a letter from your home state licensing agency with your application. If your home state does not issue you any type of professional or business license, attach a letter from the state agency that licenses drug outlets stating that you do not need a license.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification. You must attach a photocopy of your registration or license.

Resident State
License Number _____

License Type _____

Business Name _____

Physical Address _____

City, State, Zip Code _____

To be completed by licensing/regulatory agency and returned to the applicant:

The above person has applied for a Wholesaler Registration with the Oregon Board of Pharmacy. This registration is required of any resident or non-resident drug outlet that is engaged in the distribution of drugs or devices within Oregon.

Written verification that this person has a current license or registration and is in good standing with its resident state is required for our licensing process. Please complete the section below and return it to the applicant.

[ ] The outlet listed above holds a current, unrestricted license or registration with our agency and has no disciplinary action pending.

[ ] Other (please explain):_____

_____

_____
Print Name & Title

_____ _____
Authorized Signature Date