

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East
Charleston, WV 25311

APPLICATION FOR PERMIT AND/OR RENEWAL TO OPERATE AS A Third-Party Logistics Provider (3PL) July 1, 2017 to June 30, 2018

Current name and address:

Old name, address, and license #:

Check here IF name or address change
(Address change to a new location, building
or facility requires new application & fee)

Check here IF ownership change
(Ownership change requires new application & fee)

West Virginia Wholesale License # if previously licensed as such in West Virginia: WD

Check One: New Application Renewal

West Virginia Controlled Substance License #: MI DEA#: _____

PHONE #: _____ FAX#: _____

List other state(s) of licensure: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

Doing Business As: Individual Partnership Corporation

Attach a list of current owner, partners, or corporate officers and title.

Have your premises been inspected for safeguards relative to the Act? _____ y _____ N

Check here if handling Controlled Substances. Circle applicable drug schedules: C-I C-II C-III C-IV C-V

TO THE BEST OF YOUR KNOWLEDGE

Has anyone connected with the firm ever been convicted of a felony? _____ If so, attach a detailed statement.

Are any registered pharmacists employed? _____ If yes, please **attach** a list.

AFFIDAVIT: I DO SOLEMNLY SWEAR AND AFFIRM THAT I AM THE AUTHORIZED PERSON TO SIGN FOR THIS APPLICATION FOR LICENSURE AND ALL STATEMENTS MADE ARE TRUE AND CORRECT.

NOTE: Every initial application for a permit shall be accompanied by the required fee of **\$750.00**. The renewal of such permit or license shall be **\$750.00** ANNUALLY. If handling Controlled Substances, an additional fee for the Controlled Substance Handling Permit of **\$50.00** is required, for a total fee of **\$800.00**.

You must attach copies of your State License, most current inspection report and Federal (DEA) controlled substance registration. If you are located outside the state of West Virginia, you must attach copies of your federal and state controlled substance registrations, if shipping controlled substances.

Signature: _____

Title: _____