

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East
Charleston, West Virginia 25311

APPLICATION FOR LICENSE PERMIT OR RENEWAL AS A MANUFACTURER (Includes Traditional Manufacturer, Virtual Manufacturer, and 503B Compounding Manufacturer)

(WV Code § 30-5-25)
July 1, 2017 to June 30, 2018

Current Name and Address:

___ Name/Address Change

License # **MR** _____ # **MI** _____ DEA# _____ Phone # _____

City _____ County _____ State _____ Zip _____

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

Are you licensed/registered by the FDA as a Manufacturer _____ or 503b Outsourcing Facility _____?

Attach a list of products to be manufactured, packaged or repackaged.

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

Name of person authorized to sign for controlled substances _____

Pharmacist-In-Charge _____ RPh# _____ Phone _____

Address _____ City _____

State _____ Zip _____ County _____

NOTE: If a pharmacist is not employed, give the following information on person in charge:

Chief Science Officer/Person-In-Charge _____ Phone _____

Address _____

City _____ State _____ Zip _____ County _____

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that approval of this application will only extend to those products listed and that the products and personnel approved thereby are not subject to change except on approval by the Board of Pharmacy of a new application.

NOTE: Every initial application for a permit shall be accompanied by the required fee of **\$500.00**. The renewal of such permit or license shall be **\$500.00** ANNUALLY. You must attach copies of your State License and most current inspection report as well as copies of your federal and state controlled substance registration, if shipping controlled substances. If handling Controlled Substances, an additional fee for the Controlled Substance Handling Permit of **\$50.00** is required, for a total fee of **\$550.00**.

Signature of Authorized Individual

Title

Date