

Per Rule §15-1-14.4.2 renewal applications must be RECEIVED in our office by June 15th in order to allow time to process by June 30th

If a completed application for renewal is not received in the Board office on or before June 30 of the year in which it expired, the license is expired.

Renewal applications received after June shall require the payment of a late fee in the amount of \$150.00 in addition to the renewal fee.

Renewal applications not received by the first day of August each year shall require the payment of a reinstatement fee of \$250.00 in addition to the renewal fee.

West Virginia Board of Pharmacy

1207 Quarrier St. 4th Floor

Charleston, WV 25301

APPLICATION FOR PERMIT AND/OR RENEWAL TO OPERATE

AS A WHOLESALE DRUG DISTRIBUTOR

July 1, 2024 to June 30, 2026

Are you operating solely as a Third-Party Logistics Provider (3PL)? ___ Yes ___ No

If yes, STOP here; you will need to fill out the 3PL license application

If you operate as both a 3PL and a wholesale distributor, then you will need to do both applications

Are you a non-resident manufacturer or virtual manufacturer distributing your prescription drug product yourself or via a 3PL into West Virginia? ___ Yes ___ No

If yes, STOP here; you must fill out the manufacturer's license application as a non-resident manufacturer.

If you operate as both a manufacturer and a wholesale distributor, then you will need to do both applications

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 #: WD _____ Check One: New Application Renewal

Email Address: _____ 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

To the best of your knowledge, have any owners, partners, corporate officers or any employees with access to drug stock 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.

Annual Fees: (Biennial Renewal-Listed fees should be doubled)

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: _____