

APPLICATION FOR REGISTRATION
WHOLESALE CLASS II
IN 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

WHOLESALE CLASS II DRUG OUTLET
LAWS & RULES (*Not Required if Accessible Electronically*)

Fee: \$400.00
Fee: \$15.00

Dear Applicant:

Please be advised of the following information for registration of a Wholesaler Class I Drug Outlet.

1. The registration must be issued before doing business in Oregon.
2. A Wholesaler Class II Registration allows the wholesale distribution of **non prescription drugs only** into and out of Oregon.
3. Outlets may need **both** a Wholesaler and Manufacturer Registration based on services provided.
4. A separate registration is required for each name that you are **DOING BUSINESS AS**.
5. Per Oregon Administrative Rule Definitions, registration fee(s) are required for **NEW OUTLETS, OWNERSHIP CHANGES** or **LOCATION CHANGES**. Payments may only be made by check or money order. No fee is required if you are completing these forms to report a **NAME CHANGE ONLY**.
6. **VERIFICATION FORM OF LICENSE/REGISTRATION IN RESIDENT STATE** (required for pharmacies located outside of Oregon.) Applications for registration of out-of-state pharmacies will not be processed without this verification. To prevent delays in processing, submit a completed verification form or letter from your resident state licensing agency with your application(s). License verifications must be original and not tampered with, this includes the use of whiteout. Photocopies of registrations will not be accepted
7. **OREGON REVISED STATUES and ADMINISTRATIVE RULES** are available for review on our web site at: www.pharmacy.state.or.us. If electronic copies of laws and rules are accessible to all staff members, a hard copy is not required.

Please be aware that your registration will become effective once all required paperwork and fee(s) are received. Your license is to be in your possession **PRIOR** to doing business in Oregon. Wholesaler Registrations expire September 30, annually and fees are not prorated. Renewals are due and must be post-marked by August 31, annually, which is one (1) month prior to the expiration date of your license. Renewal notices will be mailed out in advance (mid-July).

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

Application for Wholesaler Class II Drug Outlet (non prescription only)

FEE: \$400.00

Please check the appropriate box regarding application status:

- New Outlet Start Date _____
- Owner Change Date Effective _____ Former License Number _____
- Location Change Date Effective _____ Former License Number _____
- Name Change Only Date Effective _____ Former License Number _____

A change of ownership or location **requires** the submission of a new application and registration fee within 15 days.

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 # _____

Types of Products Wholesaled: _____

Please check all that apply to this location. Note: Definitions may be found in Oregon Administrative Rule 855-065-0005.

Third Party Logistics Provider Reverse Distributor (drug returns) Chain Pharmacy Warehouse

Cooperative Pharmacy Warehouse Manufacturer Exclusive Distributor Broker Other _____

Publicly Held Corporation Yes No

Owner Name(s) _____

Parent Company Name (If owned by another entity) _____

Please answer all of the following:

Yes No Has disciplinary action ever been taken, or is any such action currently pending against any of the entities or persons listed above, 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.

Yes No Before purchasing a drug from any vendor, do you verify that the vendor is legally authorized to sell the drug?

Yes No Before furnishing a drug, do you verify that customers are legally authorized to receive the drug?

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

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To be Completed by all Applicants

All Wholesalers must complete a **Self-Inspection Report** by **September 1st annually**. This report is available on our website and must be retained at the facility and be readily retrievable. Please do not mail to the Board unless requested.

Please Check One:

- 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 following October 1st. (*ONLY APPLICABLE FOR NEW OUTLETS*)

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) prohibits the furnishing of any false information is grounds for denial of registration.

Signature of Applicant

Date

Print Name and Title

Date

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

ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

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www.pharmacy.state.or.us

**Complete This Form For All:
Officers; and
Owners and Stockholders with Holdings of More Than 10% (unless publicly traded)**

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Percentage of Ownership _____

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Percentage of Ownership _____

Name and Title _____

SSN/Federal Tax ID _____

Address _____

City, State, Zip _____

Phone number _____

Email Address _____

Percentage of Ownership _____

This page may be duplicated as needed

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(Expires September 30 Annually)

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800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us

Out-of-State Establishments Only

Verification Form of License/Registration in Resident State (required for all wholesalers located outside the State of Oregon). Applications for registration of out-of-state wholesalers will not be processed without this verification. To prevent delays in processing submit a completed verification form or letter from your resident state with your application.

To be completed by Registration Applicant. You are responsible for sending this document to your resident State licensing agency for their verification. Photocopies of verification or verifications that have been tampered with will not be accepted.

Resident State _____
License Number _____
License Type _____
Pharmacy Name _____
Physical Address _____
City, State, Zip Code _____

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

The above pharmacy has applied for a Wholesaler Registration with the Oregon Board of Pharmacy. This registration is required of any pharmacy located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this pharmacy 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 mail it back 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

(State Seal Required)

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www.pharmacy.state.or.us



FOR BOARD USE ONLY [0324] \$15.00

RECEIPT # _____

BATCH DATE-
NUMBER _____

ENTERED BY _____

OREGON PHARMACY LAWS AND ADMINISTRATIVE RULES

FEE \$15.00

Please Mail to:

NAME _____

FACILITY NAME _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

Number of sets requested _____ Amount enclosed \$ _____ (*\$15.00 per set*)

Set(s) ordered for:

Designated Representative [] Wholesaler [] Officer(s)/Member(s) [] Other []

Make checks payable to:

Oregon Board of Pharmacy
800 NE Oregon St, Ste 150
Portland, OR 97232

Please Note:

- Administrative Rules are updated through the Secretary of State's Office within 30 days of being filed.
- Electronic versions of pharmaceutical references listed under Oregon Administrative Rule 855-041-0040 satisfy the minimum equipment requirement for a pharmacy.
- The Oregon Board of Pharmacy Official Newsletter can be subscribed to by sending an email to OregonBOPNewsletter@nabp.org with only the word "Subscribe" in the subject heading and body of the email. Once you subscribe, you will receive a notice via e-mail when the newsletter is available.
- The Laws and Rules for the Oregon Board of Pharmacy may be found on the Boards website at <http://www.pharmacy.state.or.us>. Included are:
 - Oregon Revised Statute Chapter 689
 - The Oregon Pharmacy Act
 - Oregon Revised Statute Chapter 475, Uniform Controlled Substance Act

*ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)*