

**2016 MANUFACTURER RENEWAL  
SUPPLEMENTAL INFORMATION FORM**



Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232

Please PRINT or TYPE **WARNING:** ORS 475.135(1)(e) and ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Business Name (DBA) \_\_\_\_\_

Corporation Name \_\_\_\_\_

Parent Company Name (if applicable) \_\_\_\_\_

License Number \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Location Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number ( ) - FAX # ( ) -

Licensing Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Is the address listed above the primary mailing address for license and renewals?** [ ] Yes [ ] No

If No, please complete the mailing information below:

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Provide all that apply of the following FDA registration numbers or indicate if you are a repackager:**

(a) New Drug Application Number (NDA) \_\_\_\_\_

(b) Abbreviated New Drug Application Number (ANDA) \_\_\_\_\_

(c) Labeler Code number (LC) or National Drug Code Number (NDC) \_\_\_\_\_

(d) FDA Central File Number (CFN) \_\_\_\_\_

(e) FDA Establishment Identifier Number (FEI) \_\_\_\_\_

(f) Biologic License Application (BLA) \_\_\_\_\_

(g) Outsourcing Facility Registration Number \_\_\_\_\_

(h) Repackager [ ] Check here

(i) Other \_\_\_\_\_

**Officers or Members Information**

Complete this section for Corporate Officers or Members. You may provide an attachment with this information.

1. Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Nature of Business & Types of Products Manufactured

**Nature of Business** (Please check ALL that apply):

- Manufacturer  Contract Manufacturer  Virtual Manufacturer  First Point of Entry into the United States  
 Repackager  Compounder (503A)  Outsourcing Facility (503B)  Other (Explain) \_\_\_\_\_

**Types of Product being Manufactured and Shipped into Oregon** (Please check ALL that apply):

(Please provide products manufactured even if you do not physically manufacture such products at the location listed on this renewal.)

- Human Prescription Drugs  Veterinary Prescription Drugs  Controlled Substances  Oxygen USP  
 Medical Gases  Over-the-Counter Drugs  Prescription Devices  Compounded Medications  
 Other \_\_\_\_\_

**Yes**  **No** - Since the date of your last renewal has **disciplinary action** been taken, or is any such action currently pending against any of the persons or establishments listed on 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 copy of the Board Order if applicable, a detailed explanation of the incident, and describe any penalty incurred.

The undersigned hereby states that all the information contained in this application for renewal is true and correct, that they have read and are familiar with the pharmacy laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

\_\_\_\_\_  
Print or Type Name of Authorized Individual

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Date

*\*If you distribute a product that you do not manufacture or you do not hold either the NDA, ANDA or title to, from this location registration that you are renewing, you may also need to apply for registration as a Wholesaler or Drug Distribution Agent. NOTE: A manufacturer registration permits the holder to distribute the drugs they manufacture directly from the manufacturing facility to a wholesaler or other distribution center one time without holding a separate registration as a wholesaler.*