



**APPLICATION FOR REGISTRATION
DRUG DISTRIBUTION AGENT
IN AND OUT OF STATE**
(Expires September 30 Annually)

APPLICATION REQUIREMENTS:

\$560.00 application or owner/location change fee / \$700.00 if distributing or handling controlled substances – All fees non-refundable

Active Oregon Secretary of State business registration - Must be verifiable on the Secretary of State's Business Registry Database found at <http://sos.oregon.gov/business>

Controlled substance application* & copy of active DEA registration. *If facility does not handle controlled substances, box indicating "Not Applicable" must be marked.

Copy of Resident State license/registration AND license/registration verification from Resident State (required only for applicants located outside of Oregon). Online license/registration verifications accepted. Business name and owners listed on this application must match resident state verification.

If you answer "YES" to any disciplinary action questions, including pending disciplinary actions, all notices, citations, etc. and fully executed Board orders must be provided along with a detailed explanation.

***Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

Mail completed application and all required documentation to:

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

Questions? Contact us:

Telephone: (971) 673-0001
www.oregon.gov/pharmacy
pharmacy.licensing@bop.oregon.gov

Please read the following instructions for applicants for registration as a Drug Distribution Agent.

1. Oregon Administrative Rule 855-062 defines and identifies Drug Distribution Agent registration requirements. <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3984>
2. A registration will be issued once all required paperwork and fee(s) have been submitted and approved. This facility may not commence business in Oregon or permit products to be distributed into Oregon until the registration is issued.
3. If this facility also engaging in Wholesaling activities, this facility must also apply for registration as a Wholesaler in accordance with OAR 855-065.
4. Each company or location address, even if under common ownership, must submit a separate application for registration.
5. Your business must have an **active** Secretary of State business registration that provides proof of ownership on the Secretary of State's "Oregon Business Registry Database" found at: <http://sos.oregon.gov/business>.

6. You must pay a registration fee for each application for a **New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **All fees are non-refundable.**

Examples of a required ownership change application include but are not limited to: corporate restructure; LLC to a Corporation, Corporation to LLC; acquisition of assets; or additions or deletions of an owner. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

If you are completing these forms to report a **Name Change** only, you do not pay a fee.

7. **Oregon Controlled Substance Registration.** The Controlled Substance Registration is required for all outlets that manufacture or distribute controlled substances. Be advised that the Controlled Substance Registration is not an independent registration. It must be issued in conjunction with a Drug Distribution Agent Registration.

Applications will not be processed without the completion of the Controlled Substance Application. You must submit a copy of your DEA registration along with your application. If your facility **does not handle** controlled substances, please check the box "Not Applicable" and return it with the Application. Note: The controlled substance fee is **not** required if the application is marked "Not Applicable."

8. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) **Applications for out-of-state drug distribution agents 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, including the use of whiteout. Photocopies of registrations will not be accepted in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of the facility's resident license or registration.

If your resident state does not issue you any type of professional or business license, attach an original letter dated within the last 24 months, from the state agency that licenses drug outlets, or a copy of the rules or regulations stating that you do not need a license/registration.

9. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy>. You may purchase a set for \$25 (check the box on the application if you wish to purchase one or more sets).

Please be aware that your registration will be issued upon approval once all required paperwork and fee(s) are processed. Your registration is to be in your possession *PRIOR* to conducting business in Oregon. Drug Distribution Agent Registrations expire September 30th annually, and fees are not prorated.

APPLICATION FOR REGISTRATION

DRUG DISTRIBUTION AGENT

In and Out of State

(Expires September 30 Annually)
Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232

Pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY	
	[0329] \$560.00
	[0310] \$140.00
	[0326] \$ 25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____

Please check all that apply:

- ☐ Drug Distribution Agent Registration (with or without controlled substances) Fee: \$560.00
- ☐ Controlled Substance Registration Fee: \$140.00
- ☐ Laws & Rules per set, please indicate quantity _____ Fee: \$ 25.00

TOTAL ENCLOSED: _____
ALL FEES ARE NON-REFUNDABLE

Type of Application – Check all that apply:

- ☐ New Facility Application - Start / Effective Date: _____
- ☐ Ownership Change ☐ Location Change Effective Date of Change: _____
A change of ownership or location **requires** the submission of a new application and registration fee **within 15 days**.
Registration Number: _____
☐ Legal documentation of the change in ownership or control, for example, a stock purchase agreement and/or and executed contract for sale, etc.
- ☐ Registration Reinstatement (Registration has been lapsed for a period of one year or more)
Registration Number: _____
- ☐ Name Change Only (No fee required)
Registration Number: _____

Please PRINT or TYPE

WARNING: ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA) _____

Full Legal / Owner Name _____

Federal Tax ID # or Owner SSN _____ FDA # _____ NABP eProfile # _____

Oregon Secretary of State Corporation Division Registry Number _____

Can be found at: <https://sos.oregon.gov/business/Pages/find.aspx>

Physical Location Address _____

City _____ State _____ Zip _____

Phone Number _____ FAX # _____

Registration & Renewal Mailing Address _____

City, State, Zip _____

Licensing Contact Person _____ Title _____ Contact Phone _____

Licensing Contact Person E-mail Address _____

Facility Website: _____

Products Distributed –

☐ Prescription Medical Devices ☐ Non-Prescription Medical Devices ☐ Prescription Drugs ☐ OTC Drugs

Business Functions:

Check all that apply to this location (Definitions can be found in OAR 855-062-0005):

☐ Broker ☐ Import Broker or Agent ☐ Sales or Marketing Office ☐ Drug Order Contractor

☐ 3rd Party Logistics Provider ☐ Other (please describe): _____

Please answer all of the following – (only “Yes” or “No” answer is accepted)

1. Has disciplinary action ever been taken, or is any such action currently pending or proposed against any of the persons or the facility 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 detailed explanation of the incident and describe any penalty incurred. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Per OAR 855-062-0050(1)(b), prior to facilitating the distribution any product into or within Oregon, do you verify that the recipient is registered with the Oregon Board of Pharmacy? Note: All drug outlets, including Manufacturers, Wholesalers & 3PL’s must register with the Oregon Board of Pharmacy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Per OAR 855-062-0050(1)(b), prior to facilitating the distribution any pharmaceutical product into or within Oregon, do you verify that the product’s manufacturer is registered with the Oregon Board of Pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you physically manufacture or repackage product(s) at the physical location listed on page 1 of this application for registration? *If “yes”, this facility must also hold a manufacturer registration.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
5. Do you possess any drugs and/or devices at the physical location listed on page 1 of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. This facility distributes controlled substances. If “yes”, you must complete pages 5 and 6 of this application. <i>Oregon Schedules of Controlled Substances may be found at: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3987 and may be different from the Federal schedules. You must comply with the most stringent.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is this facility a small business? A small business is defined as a corporation, partnership, sole proprietorship or legal entity, which is independently owned and operated from all other businesses and which has 50 or fewer employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Product Manufacturer(s) & Wholesalers:

Please list the primary manufacturers and wholesalers that you distribute for or also provide third-party logistics services. If there is insufficient space on this form, you may attach additional sheets.

Name: _____ Oregon Registration Number: _____

Physical Address: _____

City, State Zip: _____

Name: _____ Oregon Registration Number: _____

Physical Address: _____

City, State Zip: _____

Name: _____ Oregon Registration Number: _____

Physical Address: _____

City, State Zip: _____

Name: _____ Oregon Registration Number: _____

Physical Address: _____

City, State Zip: _____

Contact Representative of Facility

Contact Representative Name _____

Business Name _____

Business Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Email Address _____

Facility Business Hours _____

Ownership Information

Type of Ownership:

- ☐ Publicly Held Corporation ☐ Corporation ☐ Limited Liability Company ☐ Sole Proprietorship
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership ☐ Charitable Organization
- ☐ Government / Educational Institution

Owner Name _____

Parent Company Name (If owned by another entity) _____

Complete the information below for all owners. You must include the Registered Agent and at least one of the following: CEO, President, Owner, or Members of LLC. If a corporation, include the names of the corporate officers and the names of the stockholders who own the five largest interests.

- | | | |
|-----------|--------------------|-------|
| 1. | Name | _____ |
| | Title | _____ |
| | SSN/Federal Tax ID | _____ |
| | Address | _____ |
| | City, State, Zip | _____ |
| | Phone Number | _____ |
| | Email Address | _____ |
| 2. | Name | _____ |
| | Title | _____ |
| | SSN/Federal Tax ID | _____ |
| | Address | _____ |
| | City, State, Zip | _____ |
| | Phone Number | _____ |
| | Email Address | _____ |
| 3. | Name | _____ |
| | Title | _____ |
| | SSN/Federal Tax ID | _____ |
| | Address | _____ |
| | City, State, Zip | _____ |
| | Phone Number | _____ |
| | Email Address | _____ |

This page may be duplicated as needed

**CONTROLLED SUBSTANCE APPLICATION
FOR REGISTRATION UNDER OREGON
CONTROLLED SUBSTANCE ACT**

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
pharmacy.licensing@bop.oregon.gov



FOR BOARD USE ONLY [0310] \$ 140.00

RECEIPT # _____
CHECK # _____
PERSON ID # _____

CONTROLLED SUBSTANCE APPLICATION FEE \$140.00 ALL FEES ARE NON-REFUNDABLE

Type of Application – Check all that apply:

- ☐ **Not Applicable. This facility does not handle or distribute Controlled Substances.**
- ☐ **This is a new registration.**
- ☐ **This is a change in** ☐ **owner or** ☐ **location.**
- ☐ **I wish to add a Controlled Substance registration to my existing facility.**

Oregon Registration Number: _____

- ☐ **I wish to reinstate a Controlled Substance registration to my existing facility.**

Oregon Registration number: _____

Please PRINT or TYPE

WARNING: ORS 475.135(1)(e) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA): _____

Full Legal / Owner Name: _____

Federal Tax ID # or Owner SSN: _____

Physical Location Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX # _____

Registration & Renewal Mailing Address: _____

City, State, Zip: _____

Licensing Contact Person: _____ Title _____ Contact Phone _____

Licensing Contact Person E-mail Address: _____

DRUG SCHEDULES (Check appropriate box(es):

☐ Schedule I ☐ Schedule II ☐ Schedule II N ☐ Schedule III ☐ Schedule III N ☐ Schedule IV ☐ Schedule V

Attach a list of stocked Schedule I Drugs: [] Narcotic [] Non-Narcotic

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Are you currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have any of the persons or establishments listed on this application been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If the applicant is a corporation, association, or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any of the persons or establishments listed on this application ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the applicant is a corporation, association or partnership, has any officer, partner, or stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</p>	
<p>CURRENT FEDERAL REGISTRATION NUMBER _____ (You must submit a copy of your DEA registration along with this application.)</p>	

Print or Type Name of Authorized Individual

Signature of Authorized Individual

Date



Attestation Form

Part 1 – Responsible Party Information - To be completed by an authorized individual of the applicant. This must be an individual who may legally sign on behalf of the business and is responsible for compliance with Oregon Laws and Rules.

First Name : _____ Last Name: _____

Title _____

Facility Name: _____

Facility Address: _____

Facility City, State, Zip: _____

Part 2 – Attestation - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute 689.401(1) The furnishing of false information is grounds to deny registration.

I swear or affirm that all information, statements, answers, and representations made in this application and the documents attached are true and correct, that the individuals at this facility are familiar with the laws and rules of the Oregon Board of Pharmacy as well as applicable federal laws, and that the business will be operated in compliance with all applicable laws and regulations.

I certify that if disclosed disciplinary action has been taken or is currently pending or proposed, the required documentation is attached to this application. I understand that failure to provide the required documentation may be grounds for denial of my application or disciplinary action against this facility.

Signature: _____ Date: _____

Printed Name: _____

FINAL CHECKLIST:	
1.	Appropriate Fee Included?
<input type="checkbox"/> \$560.00 new application or owner/location change fee <input type="checkbox"/> \$140.00 new Controlled Substance application or owner/location change fee (If required) NOTE: Fees are not prorated. Any registration issued prior to September 30 will require renewal and payment of the renewal fee. All renewals submitted on October 1 st or later are subject to a late fee of \$100.00. Total Fee Enclosed: _____	
2.	Required Documentation* – an application is incomplete if all requested documentation is not provided. All communication regarding this application and any application deficiencies will be emailed to the Licensing Contact Person listed on page 1 of this application. *Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 6 months will expire. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.
A.	<input type="checkbox"/> Copy of <u>Resident State license/registration</u> AND <u>license/registration verification from Resident State</u> (required only for applicants located outside of Oregon). Online license/registration verifications accepted. Business name and owners listed on this application must match resident state verification.
B.	<input type="checkbox"/> Oregon Secretary of State Business Registry Number
C.	<input type="checkbox"/> If you answer "YES" to any disciplinary questions, disciplinary actions, pending disciplinary actions and fully executed Board orders must be provided along with a detailed explanation.
D.	<input type="checkbox"/> Controlled substance application & copy of active DEA registration, if applicable. Please be sure to check the correct box on page 5.
E.	<input type="checkbox"/> Completed Facility Attestation Form
F.	<input type="checkbox"/> All signatures

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

Signature

Title (Owner, Partner, Etc.)

Date

ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE
PURSUANT TO ORS 30.701(5)



LICENSE VERIFICATION REQUEST FORM

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.oregon.gov/pharmacy

Out-of-State Establishments Only

Verification Form of License/Registration in Resident State (required for all facilities located outside the State of Oregon). Applications for out-of-state facilities 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 in lieu of a license verification from your resident state. If your license or registration can be verified online, a recent printout from the online system may be submitted along with a copy of your license or registration. If your resident state does not issue you any type of professional or business license, attach an original letter from the state agency that licenses drug outlets stating that you do not need a license.

To be completed by Applicant. You are responsible for sending this document to your resident State licensing agency for their verification and state seal. You must also attach a photocopy of your registration or license.

Resident State _____

License Number _____

License Type _____

Business Name _____

Physical Address _____

City, State, Zip Code _____

To be completed by Resident State licensing/regulatory board or agency and returned to the applicant:

The outlet listed above has applied for a Drug Distribution Agent registration with the Oregon Board of Pharmacy. This registration is required of any Drug Distribution Agent located within or out of this state that is engaged in the distribution of drugs within Oregon.

Written verification that this establishment 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 return it 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)