



**APPLICATION FOR REGISTRATION  
WHOLESALE II (NON-PRESCRIPTION)  
IN AND OUT OF STATE**  
(Expires September 30 Annually)

**APPLICATION REQUIREMENTS:**

**\$735.00 application or owner/location change fee. You must apply for a Wholesaler I registration if distributing or handling controlled substances** - All fees are 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>

**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](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

Please read the following instructions for applicants for registration as a Wholesaler II.

1. Oregon Administrative Rule 855-065-0005(22)(b) defines a Wholesaler II. OAR 855-065-0001 and 855-065-0006 identifies wholesaler registration requirements.  
<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3985>
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 provides Third Party Logistics services, marketing, brokering or arranging the distribution of drugs manufactured by a manufacturer, this facility must also apply for registration as a Drug Distribution Agent in accordance with OAR 855-062-0001.
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. **License/Registration Verification in Resident State** (required only for applicants located outside of Oregon) **Applications for 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 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.

8. **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. Wholesaler II Registrations expire September 30th annually, and fees are not prorated.

**NOTE:** *Registered wholesalers must complete a **Self-Inspection Report** by September 1 annually. This report form is available on our website and must be retained at the facility for 3 years and be made available to the Board upon request. Do not send this report to the Board unless it is specifically requested.*

# APPLICATION FOR REGISTRATION

## WHOLESALE II

### 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](mailto:Pharmacy.licensing@bop.oregon.gov)



FOR BOARD USE ONLY	[0317] \$735.00 [0326] \$ 25.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____

### Please check all that apply:

☐ Wholesaler II Registration

Fee: \$735.00

☐ 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: \_\_\_\_\_ 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 Wholesaled**

☐ Non-prescription Medical Device\* ☐ Non-prescription Drugs

☐ Other Please describe: \_\_\_\_\_

\*If Medical devices contain a prescription drug, a Wholesaler I registration is required.

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

1. 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 855-065-0013(b), prior to distributing 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 855-065-0013(c), prior to distributing 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. List the products that you wholesale below. You must provide the products wholesaled, even if you do not physically have product at the location listed on page 1 of this application.	
6. Are you a Third-Party Logistics Provider?* A Third-Party Logistics Provider means an entity that contracts with a manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of the manufacturer, but does not take title to the drug or have general responsibility to direct the sale or disposition of the drug. *If the answer to this question is “Yes”, you will need to register as Drug Distribution Agent in addition to a Wholesaler.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
7. 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
8. Are you a repackager as defined in OAR 855-065-0005(16)?  *If “yes”, list your FDA Labeler Code #:_____submit a detailed description of all repackaging functions performed at this location in the space below. Per OAR 855-060-0004(3), this facility will also need to register as a Manufacturer.	<input type="checkbox"/> Yes* <input type="checkbox"/> No
9. This facility meets the safety, security and maintenance as required in 855-065-0012. This means that this facility is in a commercial nonresidential building, which is suitable for the monitoring, maintenance and storage of wholesaled products in accordance with labeling or in compliance with official compendium standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. 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):**

Please list the primary manufacturers 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: \_\_\_\_\_

**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



## **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"/> \$735.00 new application or owner/location change fee  <b>NOTE: Fees are not prorated.</b> Any registration issued prior to <b>September 30</b> will require renewal and payment of the renewal fee.  All renewals submitted on October 1 <sup>st</sup> or later are subject to a late fee of \$100.00.	
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> <b>AND</b> <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
	<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.
C.	<input type="checkbox"/> Facility Attestation Form
D.	<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](http://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 Wholesaler II registration with the Oregon Board of Pharmacy. This registration is required of any Wholesaler II 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)