Wholesaler Class II Registration
Laws & Rules (If Needed)

Dear Applicant:

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

1. Oregon Administrative Rule 855-065-0001 states who is required to register as a Wholesaler Class II.
   http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_065.html

2. We will process your registration when we have received all required paperwork and fee(s). You may not commence business in Oregon until we have notified you that we have approved your application. Registrations expire September 30 each year. We do not prorate fees. We will mail out renewal notices in mid-July and you must return renewal applications with the fee, post-marked by August 31.

3. A Wholesaler Class II Registration authorizes the applicant to conduct the wholesale distribution of non-prescription drugs into and within Oregon.

4. You may need both a Wholesaler and Manufacturer registration depending on the services you provide.

5. Each company, even if under common ownership, must submit a separate application for registration.

6. You must pay a registration fee for each application for a New Registration, an Ownership Change or a Location Change. If you are completing these forms to report a Name Change only, you do not pay a fee. We can only accept payment by check or money order. All fees are non refundable.

7. If you are registering as a Wholesaler and perform repackaging functions (which means repackaging or otherwise changing the container, wrapper, or labeling of a prescription drug to further its distribution) you must include an explanation of all repackaging functions the Wholesaler is performing.

8. Oregon Revised Statues and Administrative Rules are accessible on our web site at: http://www.pharmacy.state.or.us. You may purchase a hard copy or CD for $25 (check the box on the application if you wish to purchase one or more sets).

9. Ownership: Please complete and submit the Ownership form for our records.

10. License/Registration Verification in Resident State (required only for applicants located outside of Oregon) We cannot process your application without this verification. To prevent any delay in processing, submit a completed verification form or letter from your home state licensing agency with your application. If your home state does not issue you any type of professional or business license, attach a letter from the state agency that licenses drug outlets stating that you do not need a license.

11. Contact Information: Please complete and submit the Contact Information form, which will facilitate the flow of information between us.

ALL FEES ARE NON REFUNDABLE
APPLICATION FOR REGISTRATION

WHOLESALE CLASS II
Non-Prescription Drugs
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

Please check all that apply:
[ ] Wholesaler Class II Registration Fee: $400.00
[ ] Laws & Rules per set, please indicate quantity Fee: $25.00

TOTAL ENCLOSED: $425.00

Please check the appropriate box regarding application status:
[ ] New Outlet Start Date_________________________
[ ] Owner Change Date Effective___________________ Current Registration Number_____________________
[ ] Location Change Date Effective_________________ Current Registration Number_____________________
[ ] Name Change Only Date Effective________________ Current Registration Number_____________________
[ ] Registration Type Change Date Effective__________ Current Registration Number_____________________

You must submit a new application and registration fee within 15 days of a change of ownership or location.

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 # ___________________
Contact Person____________________ Title____________________ Contact Phone ___________________
Email Address _______________________

Types of Products Wholesaled: ______________________________________

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS AND FEES, PAYABLE TO THE OREGON BOARD OF PHARMACY
ALL RETURNED CHECKS WILL BE ASSESSED A $35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

Revised September 2015
Please answer all of the following:

1. [  ] Yes [  ] No Has disciplinary action ever been taken, or is any such action currently pending against any of the persons listed in 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.

2. [  ] Yes [  ] No Prior to distributing any pharmaceutical product into Oregon, do you verify that the product's manufacturer is licensed in Oregon?

3. [  ] Yes [  ] No Prior to shipping any pharmaceutical product into or within Oregon, do you verify that the recipient is licensed in Oregon?

4. [  ] Yes [  ] No Are you a repackager as defined in OAR 855-065-0005(19)? If yes, a detailed description of all repackaging functions you perform must be submitted with your application.

Please select all that apply:

[  ] 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 next October 1st. (only applicable for new outlets)

[  ] Enclosed is $25 for a [  ] CD or [  ] a paper copy (check one) of the Oregon Board of Pharmacy’s laws and rules. If you need more than one copy, indicate how many and enclose $25 per copy.)

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), the furnishing of any false information is grounds for denial of registration.
Ownership Information

Publicly Held Corporation [ ] Yes [ ] No

If No, Owner Name ____________________________________________________________

Parent Company Name (If owned by another entity) ________________________________

Complete this form for all owners. If a publicly held corporation, list CEO or President.
This page may be duplicated as needed.

1. Name and Title ________________________________
   SSN/Federal Tax ID ________________________________
   Address _________________________________________
   City, State, Zip _________________________________
   Phone Number _________________________________
   Email Address _________________________________

2. Name and Title ________________________________
   SSN/Federal Tax ID ________________________________
   Address _________________________________________
   City, State, Zip _________________________________
   Phone Number _________________________________
   Email Address _________________________________

3. Name and Title ________________________________
   SSN/Federal Tax ID ________________________________
   Address _________________________________________
   City, State, Zip _________________________________
   Phone Number _________________________________
   Email Address _________________________________

This page may be duplicated as needed
License/Registration Verification in Resident State

License/Registration Verification in Resident State (required for all Drug Distribution Agents, Manufacturers and Wholesalers located outside the State of Oregon). To prevent any delay in processing, submit this form or letter from your home state licensing agency with your application. If your home state does not issue you any type of professional or business license, attach a 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. You must 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 licensing/regulatory agency and returned to the applicant:

The above person has applied for a Wholesaler Registration with the Oregon Board of Pharmacy. This registration is required of any resident or non-resident drug outlet that is engaged in the distribution of drugs or devices within Oregon.

Written verification that this person 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

Revised September 2015