

*New Mexico Board of Pharmacy
5200 Oakland NE Suite A
Albuquerque, New Mexico 87113
Phone (505) 222-9830
In-State Toll Free (800) 565-9102*

WHOLESALE DRUG DISTRIBUTOR APPLICATION

Fee: \$700.00 (Please pay by check or money order)

Applications and fees must accompany each; otherwise processing time will be delayed.

Retain a copy of both the application and form of payment for future reference.

Mail early-5-10 days processing time once application is received

NAME & MAILING ADDRESS:

LOCATION ADDRESS:

Fax No.: _____

Phone No.: _____

Email: _____

Web Address: _____

Manufacturer	<input type="checkbox"/>	Packager	<input type="checkbox"/>	Jobber	<input type="checkbox"/>	Wholesale Distributor	<input type="checkbox"/>
Controlled Substances	<input type="checkbox"/>	Prescription Drugs	<input type="checkbox"/>	OTC	<input type="checkbox"/>	Limited Vet. Retail	<input type="checkbox"/>

FOR CHANGE OF OWNERSHIP of a current New Mexico license:

Current NM license & name: _____

License number: _____ Exp. Date: _____

Effective date of ownership change: _____

Contact person: _____ Phone number: _____

I, the undersigned, hereby make application for a license as indicated above pursuant to the New Mexico Pharmacy Act and Drug and Cosmetic Act. I understand that license is due December 31 biennially, and that license is not transferable, and furthermore that a separate license is necessary for each location of doing business.

Please enter current registration numbers, "pending" if applying for; or "N/A" (not applicable)

1. DEA Reg. No.: _____ NMCS No.: _____ FDA No.: _____

2. Please circle letter beside appropriate category.

a. If an individual is owner, give name and address in space below

b. If a partnership is owner, give name and address of partners (attach list)

c. If a corporation or municipality, list name, address and title of all officers (attach list)

d. If county, city, state or church is owner, give name, address and title of all officers (attach list)

NAME	TITLE	HOME ADDRESS	TELEPHONE
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3. List all trade or business names ("DBA" names) previously or currently used by same corporation or by licensee: _____

4. Attach a letter describing in detail the nature of your business in the State of New Mexico.

5. Please circle the type of pharmaceuticals you distribute to New Mexico:

A. Controlled Substances

B. Non-Controlled Prescription Drugs

C. Over-the-Counter Drugs

D. Other: Specify _____

6. Copy of home state license.

7. Please attach a list of contact persons, address and telephone numbers for all facilities used by the license for storage, handling and distribution of dangerous drugs.

8. Attach a list of all the pharmaceutical accounts you are doing business with, within the State of New Mexico. Include business name and address.

9. Does your business/company distribute professional drug samples to licensed practitioners in New Mexico through manufacturers' representatives? Yes No

If so, list the names and addresses of the representatives assigned to New Mexico (attach list).

NAME	HOME STREET ADDRESS	CITY STATE	ZIP
_____	_____	_____	_____
_____	_____	_____	_____

10. Are you aware that all "dangerous drugs" (those that require a prescription for sale) require the full name and address of the company that manufactures the product? Yes No

11. I/We have not been arrested, investigated for, charged with, convicted of, sentenced for, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offence in any state, territory or possession of the United States or by the federal government.*

Signature: _____

12. I/We have not, had any disciplinary actions, or have any pending actions against me/us, or to my knowledge been investigated by any professional licensing authority.*

Signature: _____

***Please explain any failure to sign the statements above. Explain the circumstances, include a copy of the judgment, and attach to this application.**

I (We) hereby certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature of Owner or Officer

Date Signed

Print name & Title

Changes in any of the information requested on this application must be submitted in writing to the Board within 30 days of that change.