



## SECTION V

Regulatory Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## SECTION VI

Business Address:

Business Location Address: \_\_\_\_\_

Business City, State, Zip Code: \_\_\_\_\_

 Check here if this address is different from the *Distribution Address* in Section II above AND legend drugs/devices are physically distributed from this location also.

NOTE: ALL LOCATIONS THAT PHYSICALLY DISTRIBUTE PRODUCT MUST BE SEPARATELY LICENSED.

## SECTION VII

Designated Responsible Party: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## SECTION VIII

Type of Business Conducted:  Wholesaler  Distributor  Manufacturer  Re-packager  Broker/Agent  
(Mark all that apply.)  Freight Forwarder  Third Party Logistic Provider (3PL) Jobber/Private Labeler  Nuclear Pharmacy  Ship Chandlers Reverse Distributors  Retail Pharmacy WarehouseType of Ownership:  Individual (Proprietorship)  Partnership  LP  Corporation  LLC

State of Incorporation (or Formation): \_\_\_\_\_

Separate licenses must be held for each facility or physical location owned or operated by the applicant as a division, subdivision, subsidiary, and/or affiliate company if the entity is engaging in the wholesale distribution of legend drugs or devices in/into Louisiana and the division, subdivision, subsidiary, and /or affiliate company is independently incorporated.

## SECTION IX

Manner of Wholesale/ Distribution: (Mark all items that apply.)

 Legend drugs or devices are sold and/or shipped directly to dispensing/administering parties  
(i.e. - pharmacies, hospitals, physician offices, maritime ships, etc.) Legend drugs or devices are sold and/or shipped to wholesalers/distributors

Type of Product Distributed: (Mark all items that apply.)

 Legend Drugs  Legend Drugs (CS)<sup>1</sup>  Legend Devices  Medical Gases  
(Controlled Substances)<sup>1</sup> DEA and Louisiana state registration is required to wholesale distribute controlled substances in/into the state.

Changes in types of product being distributed must be reported to the Board office via letter, fax, or email.

## SECTION X

List of company/corporate owners possessing greater than 10% interest:  Information Attached on Separate Sheet Individuals - Listed Below  Corporately Owned - Listed Below  Publicly Traded

Name	% of Ownership

## SECTION XI

List of company/corporate officers and directors:  Information Attached on Separate Sheet

Officers:

Directors:

Name	Title	Name	Title

SECTION XII

**OUT-OF-STATE FACILITIES only:**

Current home state wholesaler/ distributor (or manufacturer, if applicable) license as issued by the state in which the applicant facility is located; attach copy of license.

**License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

- Check here if the state in which the applicant is located does not require wholesaler/distributor (or manufacturer, if applicable) licensing and a 3PL is used for distribution; must submit a copy of correspondence from the licensing agency of the state in which the applicant is located indicating that no license is required along with a copy of the 3PL license from the state in which the 3PL is located.
- Check here if the applicant is a legend device only distributor whose licensing agency of the state in which it is located does not require licensing; must submit a copy of correspondence from the licensing agency of the state in which the applicant is located indicating that no license is required. If the applicant is a manufacturer, submit a copy of an FDA establishment registration.

SECTION XIII

List every state or territory, other than Louisiana, where the applicant holds a current license as a wholesale drug or device distributor. If additional space is required, continue listing on separate sheet and attach to this application.

- Not Licensed in any other states
- Information Attached on Separate Sheet

State	State	State	State	State	State

SECTION XIV

**Federal DEA Number:** \_\_\_\_\_  Not Applicable

**Louisiana State Controlled Substance Number:** \_\_\_\_\_  Not Applicable  
 (As issued by the Louisiana Board of Pharmacy, CDS Program, if applicable)

SECTION XV

**Disciplinary Actions:** (For applying facility location)

- Has the applicant ever been denied a license, certificate, registration, or permit for wholesale distribution of legend drugs (including controlled substances) or devices?  No  Yes
- Has any license, certificate, registration, or permit for wholesale distribution of legend drugs (including controlled substances) or devices ever held by you or the applicant been sanctioned, fined, revoked, suspended, placed on probation and/or otherwise been the subject of disciplinary review or investigation in another state?  No  Yes
- Is there any investigative or disciplinary action pending against any license, certificate, registration, or permit for wholesale distribution of legend drugs (including controlled substances) or devices held by the applicant in another state?  No  Yes
- Has any owner, officer, director, designated responsible party, or other person in charge of wholesale drug distribution for the applicant ever been convicted of or plead guilty to or plead nolo contendere to a felony or misdemeanor, other than a traffic violation, under any federal, state, or local laws, rules or ordinances?  No  Yes

If the answer to any of the above questions is "Yes", please attach an explanation and any pertinent documentation related to the matter.

SECTION XVI

**Application Certification:** I hereby certify, (1) I, the undersigned, am a representative of the applicant authorized to execute on their behalf such documents as this; (2) by my signature below, the applicant (a) will operate the facility in a manner prescribed by federal, state, and local laws and all rules promulgated by the Board, (b) assumes all responsibility for acts and/or omissions committed by any personnel employed by it, and (c) make certain personnel employed by the applicant have the appropriate education, training, and experience to assume responsibility for handling, distribution, and storage of legend drugs or devices; and (3) to the best of my knowledge and belief, the information provided in this application is true and correct in all respects. Authorization is hereby given to the Louisiana Board of Wholesale Drug Distributors or their agent to investigate the information contained in this application. It is understood that information provided in this application may be provided to other federal, state, or local government or enforcement agencies.

\_\_\_\_\_  
**Name of Authorized Representative (print or type)**

\_\_\_\_\_  
**Title of Authorized Representative**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**