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Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
(775) 850-1440
bop.nv.gov

NEVADA
(For locations located in the State of Nevada)
WHOLESALE APPLICATION
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please understand we cannot and will not accept incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps
- Fee made payable to: *Nevada State Board of Pharmacy*
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

Before you operate as a wholesaler, you must receive board approval and be inspected by Board of Pharmacy personnel. Please know that the receipt of drugs prior to licensing will be deemed a violation of Nevada Revised Statutes (NRS) 454.316 which provides possession of a drug unlawful and is a category E felony.

Your application may be placed on the agenda of the next regularly scheduled board meeting. APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, your company will be notified in writing two (2) weeks prior to the meeting. Otherwise assume appearance will not be necessary. Upon board approval and a satisfactory inspection a certificate of registration will be issued. This registration is renewed in October of even numbered years. A license is usually issued and mailed within 10 days from the board meeting date, if approved.

Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If the application is approved at the scheduled board meeting a letter with the information needed to schedule the required inspection will be mailed within 10 days from the date of the last meeting.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☐ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Facility Manager: _____

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☐

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	_____	
	Name	Address

	Business	
2)	_____	
	Name	Address

	Business	
3)	_____	
	Name	Address

	Business	
4)	_____	
	Name	Address

	Business	

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.**Section 1:** List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____ %: _____

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____

*Registration number issued: _____

*Stock Exchange: _____

Include with the application for a publicly traded corporationList of officers and directors.Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) _____
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Wholesaler License

Include with the application for a non-publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Include with the application for a partnership

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. .

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Include with the application for a sole owner

Complete personal history record. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the documents for wholesalers only.

***If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.
- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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**OUT-OF-STATE
(For locations shipping to the State of Nevada)
WHOLESALE APPLICATION
INFORMATION AND CHECKLIST**

**This application cannot be returned by fax or email.
We must have an original signature and fee to process.**

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps.
- Fee made payable to: *Nevada State Board of Pharmacy*
- Applications or Fingerprint Cards that are not properly completed will be rejected and your application will not be processed. The Application and any payments will be returned.

- Letter of good standing from the state or regulatory board in which your company is located. The form on the website under documents for all types of businesses may be sent to your state board or a separate letter is acceptable.
- **Copy of current license or registration** for the wholesaler in the state of residence.
- Copy of your DEA certificate, if applicable.

Your application may be placed on the agenda of the next regularly scheduled board meeting. Please go to the website below for the current board meeting schedule and deadline dates.

http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/

APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is required, you will be informed by way of confirmation letter. Otherwise assume appearance will not be necessary. Upon board approval a certificate of registration will be issued.

Any change of ownership will require a new application and \$500.00 fee.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the website under the tab "Nevada Statutes & Regulations" for the applicable laws.

If you have any questions, contact the Reno office at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Facility Manager: _____

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

* This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☐

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☐

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited _____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

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- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvqov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date _____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for _____

Nature of License _____

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD City State/Zip

Present Business Address Dates City State/Zip

Occupation Dates

Phone:
Residence _____

Business _____

Date of Birth Place of Birth (City, County, State)

Age Social Security Number or ITIN Sex

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☐ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial _____

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
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Father

Mother

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial _____

5 MILITARY INFORMATION:A. Have you ever served in any armed forces? Yes ☐ No ☐

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☐

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☐

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☐ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County

Applicant's initial _____ Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☐

If yes, state type, where and years held

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.....

.....

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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.....

.....

Applicant's initial _____ Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☐

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☐

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☐

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☐

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☐

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☐

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph _____

Applicant's initial _____

STATE OF _____

ss.

COUNTY OF _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

Applicant's initial _____

ADDITIONAL INFORMATION

This image shows a full page of a worksheet designed for handwriting practice. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

Applicant's initial_

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date _____

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for _____

Nature of Pharmacy or Wholesaler

Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) _____

Present Residence Address-Street or RFD _____ City _____ State/Zip _____

Dates

Present Business Address _____ City _____ State/Zip _____

Dates

Present Position with the Pharmacy or Wholesaler _____

Phone:
Residence _____

Business _____

Date of Birth _____ Place of Birth (City, County, State) _____

Age _____ Social Security Number or ITIN _____ Sex _____

Color of Eyes _____ Color of Hair _____ Complexion _____ Weight _____ Build _____ Height _____

Scars, tattoos or distinguishing marks and/or characteristics _____

Are you a citizen of the United States? Yes ☐ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial _____

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City	County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Mother

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial _____

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☐

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☐

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.

- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☐

- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☐

- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☐

- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐ If yes, when? _____ city, county and state _____

- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☐ If yes when? _____ city, county and state _____

- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County

Applicant's initial _____ Page 5

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☐

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☐

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☐

.....

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial _____ Page 7

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☐

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☐

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☐

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☐

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☐ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☐ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☐ No ☐

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph _____

Applicant's initial _____

STATE OF _____

ss.

COUNTY OF _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

Applicant's initial _____

ADDITIONAL INFORMATION

This image shows a full page of a handwriting practice worksheet. It consists of numerous horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The lines are light gray and extend from the left margin to the right edge of the page. There are no margins, text, or other markings on the sheet.

Applicant's initial _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

NRS 639.016 "Wholesaler" defined. "Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Print and mail the completed application with a **non-refundable fee** of \$500.00 paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

All incomplete applications will be returned. Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a particular board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** Upon receipt of a completed application, the application will be placed on the agenda of the next regularly scheduled Board meeting. For application deadlines and meeting schedule please visit bop.nv.gov.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

NEVADA STATE BOARD OF PHARMACY

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Wholesaler Application

Where is the facility located? <input type="checkbox"/> Nevada <input type="checkbox"/> Out-of-State		
Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
<input type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change (in-state only)	* If making a change, provide current license number: WH _____	<input type="checkbox"/> Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) <input type="checkbox"/> Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) <input type="checkbox"/> Partnership (complete sections 1, 2, 3, 6, 8, 9) <input type="checkbox"/> Sole Owner (complete sections 1, 2, 3, 7, 8, 9)
Is your facility a reverse distributor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 1: General Information	
Facility Name: _____	
Physical Address: _____	
City: _____	State: _____ Zip: _____
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Website: _____
Name of Designated Representative (DR): _____	
Licensing Company Email: _____ DR Email: _____	
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
<input type="checkbox"/> Pharmacies <input type="checkbox"/> Practitioners <input type="checkbox"/> Hospitals <input type="checkbox"/> Wholesalers <input type="checkbox"/> Others: _____	<input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Pharmaceuticals <input type="checkbox"/> Others: _____

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____
Name: _____	Address: _____	City: _____	State: _____	Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: _____
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Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration		Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:			
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			
Is your company licensed as a Manufacturer by the FDA? If yes, provide:			
1. Copy of FDA registration 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> partners and their percent ownership.			✓	
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
• Copy of current SEC 10K or 8K	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• Submit Fingerprints following instructions found at: http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf .		✓	✓	✓
• Copy of a bond in an amount of \$100,000 made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the Surety Bond form at http://bop.nv.gov/Services/newapps/Business/ .		✓	✓	✓

I hereby certify, under penalty of perjury, that the information on this application and attached document are true, accurate and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit of authorization. I hereby authorize, the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: _____	Amount: _____



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type:

☐ Visa ☐ MasterCard ☐ Discover
☐ American Express

Credit Card #:

Expiration Date:

___/___/___ (MM/YY)

CVV (3 digits on back of card):

License Amount:

\$ _____

Name on Card:

Billing Address:

