

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane . Reno, NV 89509 . (775) 850-1440

LICENSE VERIFICATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
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USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) Yes No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) Yes No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) Yes No

Has applicant met all licensing requirements of your state? (If no, please explain) Yes No

Signature of State Official	Title	State	Date	State Seal