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**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](http://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**

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

**Wholesaler Application**

Where is the facility located? <input type="checkbox"/> Nevada <input type="checkbox"/> Out-of-State	
<b>Type of Application (check applicable box)</b> <input type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change (in-state only)	<b>Wholesaler Business Type (check applicable box)</b> <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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Section 1: General Information</b>	
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: _____
<b>Entities the Wholesaler will Serve</b>	<b>Products to be Handled or Wholesaled</b>
<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:

<b>Section 2: History of Company</b>	<b>Yes</b>	<b>No</b>
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)?		
<b>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.</b>		

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_

<b>Section 8: NABP Accreditation/FDA Registration</b>	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 <b>Surety Bond form</b> at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a> .		
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 <b>Surety Bond form</b> at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a> .		

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 <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a>	✓	✓	✓	✓
• <b>Personal History Record Application</b> must be completed by each shareholder/stockholder/partner/owner. Form is found at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a>		✓	✓	✓
• 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.	✓	✓	✓	✓
<b>ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.</b>				
• Submit Fingerprints following instructions found at: <a href="http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf">http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf</a> .		✓	✓	✓
• 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 <b>Surety Bond form</b> at <a href="http://bop.nv.gov/Services/newapps/Business/">http://bop.nv.gov/Services/newapps/Business/</a> .		✓	✓	✓

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

<b>Board Use Only</b>	Date Received: _____	Amount: _____
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# 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](http://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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
(775) 850-1440  
[bop.nv.gov](http://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 Statues & 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](mailto: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 be 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? Yes  No   
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes  No   
(If yes, provide a copy of the 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 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

<b>Board Use Only</b>	Received: _____	Amount: _____
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**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 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.

## 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

<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*.



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

**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/](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 Statues & 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.

<input type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7,8
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> 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

<b>Board Use Only</b>	Date Processed: _____	Amount: _____
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## 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 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.

## **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".

\*\*\*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 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".





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

Dates Present Business Address 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 \_\_\_\_\_

**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 \_\_\_\_\_

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 \_\_\_\_\_

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:

Table with 5 columns: 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:

Table with 3 columns: 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:

Table with 4 columns: Month and Year (From-To), Street and Number, City, State or County

Applicant's initial \_\_\_\_\_

**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

.....

.....

.....

12. Have you ever applied for a city, county of 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.

.....

.....

.....

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 \_\_\_\_\_



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 cause 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)

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

1865

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 \_\_\_\_\_

**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 \_\_\_\_\_ Page 2

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 \_\_\_\_\_

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 \_\_\_\_\_

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

**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
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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.



**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 of 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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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 \_\_\_\_\_

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 cause 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 \_\_\_\_\_

A series of horizontal dotted lines for writing.