

(2501)
ADDITIONAL DOCUMENTATION REQUIRED WITH RENEWAL

All documents must be submitted prior to issuance of license

Medical Gas ONLY: Manufacturers and Distributors of Medical Gas are not required to complete attachment A & B

In-State Only

Documentation Required

FOR: MANUFACTURES OF PRESCRIPTION DRUGS AND
WHOLESALE DISTRIBUTORS OF PRESCRIPTION DRUGS

1. A list of all licenses and permits issued to the applicant by any other state under which the applicant is permitted to purchase or possess prescription drugs.
▶ If applicant or firm is **not** licensed with other states please check here:
2. License holder information sheet (page 1-2).
3. Completed Attachment A (page 1-2 of 7)
4. Attachment B (page 3-7 of 7).

OUT-OF-STATE ONLY

Documentation Required

FOR: OUT- OF- STATE WHOLESALE DISTRIBUTORS OF PRESCRIPTION DRUGS

1. A current copy of your home state's license OR a completed "Drug Distributor License Verification Affidavit" from the resident state licensing authority.
▶ If applicant or firm is **not** licensed with other states please check here:
2. A list of all licenses and permits issued to the applicant by any other state under which the applicant is permitted to purchase or possess prescription drugs.
3. License holder information sheet (page 1-2).
4. Completed Attachment A (page 1-2 of 7)
5. Attachment B (page 3-7 of 7).

Failure to provide documents as required may result in a significant delay in licensing or denial of licensure.

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Enter the 9 digit Federal Employee Identification Number (**EIN**).

Taxpayer number

EIN number

Please note: Only for Drug, Device, and/or Certificate of Authority applications:

Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No

If yes, please attach a statement explaining the conviction and include a copy of the driver's license with the application.

For the information below, complete the **box** that applies to the ownership of the license. **In addition, where stated below, residence address, driver's license number, and date of birth are required.**

Sole Owner / Proprietorship

Name of sole owner: _____

Residence address

DLN

DOB

Association **State Agency**

Name of Association / State Agency: _____

Address: _____

Contact person: _____

Residence address

DLN

DOB

Contact person: _____

Residence address

DLN

DOB

Partnership **LP** **LLP** **LTD**

Partnership name: _____ Effective date: _____

Address of partnership: _____

Partner name: _____

Residence address _____ DLN _____ DOB _____

Partner name: _____

Residence address _____ DLN _____ DOB _____

Partner name: _____

Residence address _____ DLN _____ DOB _____

Corporation **LLC**

Effective date of Incorporation: _____

Corporation name: _____

Corporation address: _____

President: _____

Residence address _____ DLN _____ DOB _____

Officer: _____

Residence address _____ DLN _____ DOB _____

Officer: _____

Residence address _____ DLN _____ DOB _____

Registered Agent: _____

Residence address _____ DLN _____ DOB _____

BE SURE TO COMPLETE ALL 7 PAGES OF THIS FORM

ATTACHMENT A
APPLICANT QUALIFICATIONS

To qualify for the issuance or renewal of a license as a wholesale distributor and/or manufacturer of prescription drugs under these sections, the designated representative of an applicant or license holder must:

- (1) Be at least 21 years of age.
- (2) Have been employed full-time for at least three years by a pharmacy or a wholesale distributor in a capacity related to the dispensing or distributing of prescription drugs, including recordkeeping for the dispensing or distributing of prescription drugs.
- (3) Be employed by the applicant full-time in a managerial-level position.
- (4) Be actively involved in and aware of the actual daily operation of the wholesale distributor.
- (5) Be physically **present at the applicant's place of business during regular business hours**, except when the absence of the designated representative is authorized, including sick leave and vacation leave.
- (6) Serve as a designated representative for only one applicant at any one time.
- (7) Not have been convicted of a violation of any federal, state, or local laws relating to wholesale or retail prescription drug distribution or the distribution of controlled substances.
- (8) Not have been convicted of a felony under a federal, state, or local law.

I, _____, in my official capacity as the designated representative of the applicant or license holder, do hereby attest I meet all of the qualifications above.

Signature of Designated Representative

Given and signed in the City of _____, State of _____, this _____ day of

_____, 20_____.

The State of _____,

County of _____,

Before me, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., 20 _____.

Notary Public

Please Note:

Failure to provide documents as required may result in a significant delay in licensing or denial of licensure. Each attachment must be completed by a designated representative who is located at the physical address of the business, being licensed. Forms/Attachments **MUST be notarized. Attachments A & B must be completed for each designated representative.**

For additional information or assistance, please call (512) 834-6727.

ATTACHMENT B

For each person who is a designated representative and/or a manager of each place of business, the applicant shall provide the following information to the department as per 25 TAC Chapter 229.425.

Note: Any information and/or document submitted in response to requirements MUST be signed before a Notary Public.

1. List the person's place(s) of residence for the past seven years:

(Street Address)

_____' _____' _____
(City) (ST) (Zip code)

(Street Address)

_____' _____' _____
(City) (ST) (Zip code)

(Street Address)

_____' _____' _____
(City) (ST) (Zip code)

2. List person's date and place of birth:

_____, ____/____/_____
(Place) (Date: MM/DD/YYYY)

3. List the person's occupations, positions of employment, and offices held during the past seven years:

(Note: Do NOT Attach Resumes)

(Occupation/Position of Employment)

(Office Held)

(Occupation/Position of Employment)

(Office Held)

(Occupation/Position of Employment)

(Office Held)

4. List the business name and address of any business, corporation, or other organization in which the person held an office as sole proprietor, partner, principal, and/or officer; or in which the person conducted an occupation or held a position of employment:

(Business Name)

(Office Held)

(Street Address)

(City)

(ST)

(Zip Code)

(Business Name)

(Office Held)

(Street Address)

(City)

(ST)

(Zip Code)

5. Provide a statement of whether during the preceding seven years the person was the subject of a proceeding to revoke a license and the nature and disposition of the proceeding:

6. Provide a statement of whether during the preceding seven years the person has been enjoined, either temporarily or permanently, by a court from violating any federal or state law regulating the possession, control, or distribution of prescription drugs, including the details concerning the event:

7. Provide a written description of any involvement by the person with any business, including any investments, other than the ownership of stock in a publicly traded company or mutual fund during the past seven years, that manufactured, administered, prescribed, distributed, or stored pharmaceutical products and any lawsuits in which the businesses were named as a party:

8. Provide a description of any felony offense for which the person, as an adult, was found guilty, regardless of whether adjudication of guilt was withheld or whether the person pled guilty or nolo contendere:

9. Provide a description of any criminal conviction of the person under appeal, a copy of the notice of appeal for that criminal offense, and a copy of the final written order of an appeal not later than the 15th day after the date of the appeals disposition:

Attach a photograph of the person taken not earlier than 30 days before the date the application was submitted. **(Note: Do NOT submit Employee ID, state or government issued identification).**



I, _____, in my official capacity as the designated
(Print Legibly)
representative of the applicant or license holder, do hereby attest I meet all of the
qualifications above.

Signature of Designated Representative / Manager

Given and signed in the State of _____, City of _____,
County of _____, this _____ day of _____, 20__.

Before me, on this day personally appeared _____, known
(Print Legibly)
to me to be the person whose name is subscribed to the foregoing instrument and
acknowledged to me that he/she executed the same for the purposes and
consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., 20__.

NOTARY SEAL

Notary Public

Please Note:

Failure to provide documents as required may result in a significant delay in licensing or denial of licensure. Each attachment must be completed by a designated representative who is located at the physical address of the business, being licensed. Forms/Attachments MUST be notarized. Attachments A & B must be completed for each designated representative.

For additional information or assistance, please call (512) 834-6727.