

APPLICATION FOR ANNUAL THIRD-PARTY LOGISTICS PROVIDER [3PL ]LICENSE

For license period July 1, 2018 – June 30, 2019

Annual License Fee \$400.00

North Dakota State Board of Pharmacy  
1906 E Broadway Ave  
Bismarck, ND 58501-4700  
(701) 328-9535 Fax # (701) 328-9536  
[www.nodakpharmacy.com](http://www.nodakpharmacy.com)

MUST BE TYPEWRITTEN OR  
LEGIBLY PRINTED

E-Mail: [Mhardy@ndboard.pharmacy](mailto:Mhardy@ndboard.pharmacy) or [ndboph2@ndboard.pharmacy](mailto:ndboph2@ndboard.pharmacy)

NAME \_\_\_\_\_  
(Full Corporate or Trade Name for Facility to be licensed)

FACILITY ADDRESS (site specific) \_\_\_\_\_

SEND LICENSE TO ADDRESS (if different than above) \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

CONTACT PERSON(S) EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_

[ Do not just write the name – put the ND Secretary of State Certificate # ]

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # Company: \_\_\_\_\_

NORTH DAKOTA SECRETARY OF STATE SYSTEM IDENTIFICATION # dba name: \_\_\_\_\_

FEDERAL DRUG ENFORCEMENT ADMINISTRATION # \_\_\_\_\_

TYPE OF OWNERSHIP: \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

OTHER (specify) \_\_\_\_\_

**ATTACH:**

1. LIST OF NAMES(s) and TITLES(s) OF EACH PERSON [Owner/partner/corporate officer/director etc.]
2. A COPY OF HOME STATE LICENSE [ letter of explanation if not required]
3. A COPY OF VAWD ACCREDITATION CERTIFICATE  
<http://www.nodakpharmacy.com/pdfs/VAWDappInstructions.pdf>
4. PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF AUTHORITY RECEIVED FROM THE NORTH DAKOTA SECRETARY OF STATE'S OFFICE AND NORTH DAKOTA TRADE NAME CERTIFICATE (DBA NAME) IF DIFFERENT THAN COMPANY NAME.
5. CHECK OR MONEY ORDER FOR THE \$400 LICENSE FEE

IF CORPORATION: \_\_\_\_\_  
Full Corporate Name AND State of Incorporation

I certify that the applicant has not been convicted under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances; nor had any suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs, including controlled substances;

INITIALS OF APPLICANT \_\_\_\_\_

If the applicant cannot certify to the above statement, please include a description and documents pertaining to the infraction.

\_\_\_\_\_  
Typed Name Of Person Authorized to Bind Applicant

\_\_\_\_\_  
Typed Title of person Authorized to bind Applicant

\_\_\_\_\_  
Signature of Person Authorized to Bind Applicant