

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

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

By June 1st Annual License Fee \$400.00

Any license RENEWED after June 1st must pay **\$50 Late Fee**

*MUST BE TYPEWRITTEN OR
LEGIBLY PRINTED*

North Dakota State Board of Pharmacy

1906 E Broadway Ave

Bismarck, ND 58501-4700

(701) 328-9535 Fax # (701) 328-9536

www.nodakpharmacy.com

E-Mail: Mhardy@ndboard.pharmacy or ndboph2@ndboard.pharmacy

CURRENT North Dakota TPL # _____

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 ACCREDIDATION 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