NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
STEVE TROXLER, COMMISSIONER
FOOD AND DRUG PROTECTION DIVISION
DANIEL L. RAGAN, DIRECTOR
1070 MAIL SERVICE CENTER, RALEIGH, NC 27699-1070
TELEPHONE: (919) 733-7366 FAX: (919) 733-6801

DRUG DISTRIBUTOR LICENSE VERIFICATION AFFIDAVIT

APPLICANT: **COMPLETE ITEMS 1-7 ONLY, THEN FORWARD TO THE LICENSING AGENCY FOR THE STATE IN WHICH YOU ARE LOCATED. CHECK WITH THAT AGENCY FOR VERIFICATION OF FEE CHARGES. AFFIDAVIT IS TO BE FILLED OUT COMPLETELY WHEN RECEIVED IN THIS OFFICE.**

1. Name of Establishment to be Licensed

2. Address (Street, City, State, Zip Code)

3. Corporate Name

4. Type of Operation ☐ Distributor/Wholesaler ☐ Repackager ☐ Manufacturer ☐ Relabeler

5. Type of Drugs (Check all that apply) ☐ Prescription ☐ Controlled Substances

6. I HEREBY AUTHORIZE THE (your state licensing agency)_____ TO FURNISH TO THE N. C. DEPT. OF AGRICULTURE & CONSUMER SERVICES, FOOD AND DRUG PROTECTION DIVISION, THE INFORMATION REQUESTED BELOW.

7. Signature of Applicant (Corp., Partnership, Individual Owner) _____

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME STATE LICENSING AGENCY

License Number Date License Issued Date License Expires

HAS THIS LICENSE BEEN ENCUMBERED IN ANY WAY? ☐ YES ☐ NO

TYPE OF ENCUMBRANCE ☐ REVOKED ☐ SURRENDERED ☐ LIMITED ☐ SUSPENDED ☐ RESTRICTED ☐ PROBATION

8. PLEASE ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS.

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS

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

Has the applicant furnished any false or fraudulent material in any application made in connection with drug manufacturing or distribution? (If yes, please explain.) ☐ YES ☐ NO

Has any inspection of the applicant resulted in deficiency ratings? (If yes, please explain.) ☐ YES ☐ NO

Has the applicant met all licensing requirements of your state? (If not, please explain.) ☐ YES ☐ NO

BOARD SEAL AREA, AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW

9. NAME_____

STATE _____ TITLE_____

DATE _____ SIGNATURE _____

PLEASE RETURN THIS COMPLETED AFFIDAVIT ALONG WITH THE APPLICATION TO THE N. C. DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.