

**North Carolina Department of Agriculture & Consumer Services**

Steven W. Troxler, Commissioner  
Food & Drug Protection Division  
Daniel L. Ragan, Director

**Prescription Drug License  
2012 Renewal Application  
NCGS 106-145 – Wholesale Drug Distributor  
Licensing Act of 1991**

---

Sign and return this renewal form, along with the \$350 (Distributor) or \$500 (Manufacturer or Repackager) fee by check or money order to:

North Carolina Department of Agriculture & Consumer Services  
Food & Drug Protection Division  
1070 Mail Service Center  
Raleigh, NC 27699-1070

Telephone: 919-733-7366  
Fax: 919-733-6801  
Email: [dan.ragan@ncagr.gov](mailto:dan.ragan@ncagr.gov)  
or [sharon.fields@ncagr.gov](mailto:sharon.fields@ncagr.gov)

---

License Type:  
License Number:  
Business Name:  
Address:  
City:  
State:  
Zip Code:  
Telephone:  
Applicant Name:  
State of Incorporation:  
Email: \_\_\_\_\_

\*Renewal notification in October based on e-mail address submitted on application; please notify us if this changes.

Note any changes in ownership, partners, corporate officers or directors that have occurred since your last application was submitted.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**Check ( ) and return if no renewal is planned**

Answer the following: (a) on behalf of the owner if the applicant is a sole proprietorship, (b) on behalf of each partner if applicant is a partnership, or (c) on behalf of the corporation if the applicant is a corporation, and on behalf of each officer and director of such corporation.

- |  | *YES  | NO    |
|--|-------|-------|
| (a) Has the applicant ever been convicted under any federal, state or local law relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? | _____ | _____ |
| (b) Has the applicant ever been convicted of any felony under federal, state, or local laws?   | _____ | _____ |
| (c) Has the applicant previously given any false or fraudulent information on an application made in connection with drug manufacturing or distribution?                                   | _____ | _____ |
| (d) Has drug registration or license under any local, state, or federal law ever been suspended or revoked?  | _____ | _____ |
| (e) Has drug registration or license under any state law or the Federal Food, Drug and Cosmetic Act ever been denied?  | _____ | _____ |

Describe your past experience in the manufacture or distribution of controlled substances and other prescription drugs.

---

---

What education, training, experience, or combination of these are required of employees to assure assigned functions are performed in a manner that ensures that prescription drug quality, safety, and security will be maintained at all times as required by law?

---

---

I, the undersigned, do hereby certify that all the information contained in this application is complete, true, and correct. In addition, I agree that the business will be operated in compliance with all applicable laws and regulations.

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_  
Owner, Partner, or Officer of Corporation

Title \_\_\_\_\_

Applicant Signature \_\_\_\_\_

\*Please attach detailed explanation for any "YES" answers.

**License expires December 31<sup>st</sup> of each year**

Changes in information supplied in this application must be submitted within 90 days.