

North Carolina Department of Agriculture & Consumer Services

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

**Prescription Drug Registration
2012 Renewal Application
NCGS 106-140.1 – Registration of Producers of
Prescription Drugs and Devices**

Sign and return this renewal form, along with the \$350 (Wholesaler) 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
or sharon.fields@ncagr.gov

Registration Type:
Registration Number:
Firm Name:
Address:
City:
State:
Zip Code:
Telephone:
Applicant Name:
Title:
Email:

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

You must also attach the License Affidavit to be completed by your State Licensing Agency and returned along with your application to the North Carolina Department of Agriculture & Consumer Services.

Date _____ Applicant's Signature _____

Check () and return if no renewal is planned

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? TYPE OF ENCUMBRANCE
 YES NO REVOKED SURRENDERED LIMITED

8. SUSPENDED RESTRICTED PROBATION
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 YES NO or retail drug distribution, or distribution of controlled substances? (If yes, please explain.)

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.