

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES  
Steve Troxler, Commissioner  
FOOD AND DRUG PROTECTION DIVISION  
Daniel L. Ragan, Director

**APPLICATION FOR PRESCRIPTION DRUG REGISTRATION**

NCGS 106-140.1 - Registration of Producers of Prescription Drugs and Devices

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**Fees:** Manufacturer or Repackager - \$500.00; Wholesaler - \$350.00

Type or print answers to all questions. Use "Not Applicable" where appropriate. Pay fee by check or money order payable to "North Carolina Department of Agriculture and Consumer Services". **Do Not Send Cash.** Complete and return application, along with fee, to:

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES  
FOOD AND DRUG PROTECTION DIVISION  
1070 MAIL SERVICE CENTER, RALEIGH, NC 27699-1070  
TELEPHONE: 919-733-7366; FAX: 919-733-6801  
E-Mail: [dan.ragan@ncagr.gov](mailto:dan.ragan@ncagr.gov) or [sharon.fields@ncagr.gov](mailto:sharon.fields@ncagr.gov)

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Check One:

Manufacturer

Repackager

Wholesaler

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1. Name of Establishment

2. Telephone Number

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3. Street Address

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4. City, State, Zip Code

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E-Mail Contact \_\_\_\_\_

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

\*If not in North Carolina, licensing agency and license number in home state \_\_\_\_\_

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5. Mailing Address if different from above

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6. If branch or subsidiary, name and mailing address of main office or parent firm

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7. If main office or parent firm, name(s) and address(es) of branch or subsidiary firms  
(Use attachments if necessary)

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8. Please fill out attached affidavit from **YOUR** licensing State, or supply copy of on-line verification and site address.

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**FURTHER REQUIREMENTS:**

- 1. Attach A Copy Of A Valid, Signed Photo ID Of The Applicant To This Application.**
- 2. Wholesaler Only: Submit a completed Federal Background Check (instructions listed below).  
No application will be accepted without this document.**

**FEDERAL BACKGROUND CHECK PROCEDURE**

- **Go To Local Law Enforcement / Sheriff' Office**
- **Request a Finger Print Card and Finger Printing (fee)**
- **Obtain A Money Order Written To: Treasurer Of The United States**
- **Submit: Finger Print Card**
  - Money order**
  - Cover letter / Full Name**
  - Current Address**
  - Phone Number**
  - Reason for Request (licensing requirement)**
- **Place information in envelope and mail to the following address**
  - FBI Record Request**
  - 1000 Custer Hollow Road**
  - Clarksburg, West Virginia 26306**
  - Phone # 304-625-5590**
- **In 3-4 weeks, you should have the report returned from the FBI**
- **Submit the report along with the completed license application to our department**
- **No license will be granted until all of this information is collected and reviewed.**

- 3. Manufacturer Including Virtual & Contract: Must be “Registered with the FDA” and /or have an approved labeler code for the product with the FDA.**

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 \_\_\_\_\_

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

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