



# APPLICATION FOR LICENSURE AS A THIRD PARTY LOGISTICS PROVIDER

State Form 56569 (8-18)

**INDIANA BOARD OF PHARMACY  
PROFESSIONAL LICENSING AGENCY**  
 402 West Washington Street, Room W072  
 Indianapolis, Indiana 46204  
 Telephone: (317) 234-2067  
 E-mail: pla4@pla.IN.gov  
 www.bop.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$100.00, payable to the Indiana Professional Licensing Agency, in accordance with 856 IAC 2-3-9(a)-(e).
  2. If storing or shipping controlled substances, please complete a separate State Form 52616, Application for Indiana Controlled Substances Registration for Non-Practitioners.
  3. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  4. All fees are non-refundable and non-transferable.
  5. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

FOR OFFICE USE ONLY		
Application fee	Date paid (month, day, year)	Receipt number
License number	Date issued (month, day, year)	

**DO NOT WRITE ABOVE THIS LINE**

FACILITY INFORMATION				
Legal name of business				
<input type="checkbox"/> New Facility	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Ownership	Current license number (if applicable)	
Licensed facility address (number and street)		City	State	ZIP code
Telephone number ( )	Fax number ( )	E-mail address		Website (if applicable)
Principal mailing address, if different from the above (number and street)		City	State	ZIP code

ACCREDITATION (if applicable)		
Name of accreditation		
Accreditation number	Date of accreditation (month, day, year)	Expiration date of accreditation (month, day, year)

List all states, **including Indiana**, in which you have been licensed as a wholesale drug distributor or third party logistics provider. Attach additional sheets, if necessary.

STATE	TYPE OF LICENSE	LICENSE NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

QUESTIONS	
If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.	
1. Has the applicant or any of the applicant's employees or associates had a disciplinary action taken by the federal or state government of any license(s) held by any employee or associate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant or any of the applicant's employees or associates ever been convicted of a felony that has not been expunged by a court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any action pending on any of the above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AFFIRMATION	
I do solemnly swear or affirm, under the penalties of perjury, that I am the person authorized to sign this application for licensure and that statements made are true and correct in all respects.	
Signature of contact person	Date signed (month, day, year)
Printed name of contact person	Title of contact person