



# APPLICATION FOR LICENSURE AS A WHOLESALE DRUG DISTRIBUTOR

State Form 47228 (R6 / 2-16)

Approved by State Board of Accounts, 2016

**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:** Please submit a copy of your VAWD accreditation or other Board-approved accreditation with the application; otherwise, the application will not be processed.

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)	
Type of facility				
<input type="checkbox"/> Independent Wholesale Drug Trader	<input type="checkbox"/> Retail or Hospital Pharmacy	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Repacker	
<input type="checkbox"/> Own-Label Distributor	<input type="checkbox"/> Jobber	<input type="checkbox"/> Broker	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Reverse Distributor
Licensed facility address (number and street)	City	State	ZIP code	County
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	County

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

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