Virginia Department of
Health Professions
Board of Pharmacy

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APPLICATION FOR REGISTRATION AS A NON-RESIDENT MANUFACTURER

Check Appropriate Box(es):

☐ New[2, 3, 4]	$270.00	☐ Change of Responsible Party[3]	$50.00
☐ Change of Ownership	$50.00	☐ Change of Location	No Fee
☐ Change of Tradename[4]	No Fee	☐ Reinstatement[1]	

Application fees are not refundable. Applications are valid for one year from the date of receipt. The required fees must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials		
Name of Firm	**Federal Employer Identification Number (FEIN)**	
Street Address	**Telephone Number**	**Fax Number**
City	**State**	**Zip Code**
Email Address	**Current Virginia facility license, if applicable** **0238-**	
Name of Responsible Supervising Person:	**Telephone Number**	
Signature of Applicant:		**Date:**

IMPORTANT: Please carefully read and complete page 2 of this application

[1] If reinstatement, complete the following:

- **Request for reinstatement is due to ☐ lapse of permit ☐ suspension or revocation of permit**
- **Has this facility shipped to the Commonwealth of Virginia during the time the permit was lapsed, suspended, or revoked? ☐ Yes ☐ No**

[2] A list of all drugs to be manufactured must accompany this application.

[3] A *curriculum vitae* of supervising pharmacist or other qualified person must be included with the application.

[4] Provide copy of a valid, unexpired resident state license or current registration as a manufacturer or repackager with the FDA.

Please answer the following question:

1. Records of drugs distributed into Virginia are readily retrievable from other distribution records: Yes ☐ No ☐

FOR BOARD USE ONLY:			
Date Processed:	**Check Number:**	**Receipt Number:**	**Application Number:**
Reviewed by:	**Date Reviewed:**	**Registration Number:** **0238**	**Date Issued:**

OWNERSHIP TYPE—check one: Corporation ☐ Partnership ☐ Individual ☐ Other ☐ _____

Name of ownership entity if different from name on application: _____

Address: _____ Phone No.

City: _____ State: _____ Zip Code: _____

State(s) of Incorporation _____

List all other trade or business names used by this facility: (includes "is doing business as," and "formerly known as")

Name: _____ **Name:** _____

Name: _____ **Name:** _____

LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES:

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

Name: _____ Title: _____

Residence Address: _____

RESPONSIBLE PERSON (PHARMACIST, CHEMIST, OTHER QUALIFIED PERSON): (attach curriculum vitae)

Name: _____ Profession or Training: _____

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