



## APPLICATION FOR A PERMIT AS A RESTRICTED MANUFACTURER

**Check Appropriate Box(es):**

<input type="checkbox"/> New <sup>1, 3, 4, 5</sup>	<b>\$180.00</b>	<input type="checkbox"/> Change of Supervising Person <sup>4</sup>	<b>\$50.00</b>
<input type="checkbox"/> Change of Ownership	<b>\$50.00</b>	<input type="checkbox"/> Change of Location <sup>1, 5</sup>	<b>\$150.00</b>
<input type="checkbox"/> Change of Tradename	<b>No Fee</b>	<input type="checkbox"/> Reinstatement <sup>2, possibly 1, 3, 4, 5</sup>	_____
<input type="checkbox"/> Remodel	<b>\$150.00</b>		_____

**The required fees must accompany the application.  
Make check payable to "Treasurer of Virginia".**

<b>Applicant—Please provide the information requested below. (Print or Type) Use full name not initials</b>			
Name of Firm			
Street Address		Area Code and Telephone Number	
City		State	Zip Code
Virginia Restricted Manufacturer Permit No (if applicable) <b>0207-</b>		Email Address for Responsible Person	
Name of Responsible Person <sup>4</sup>		Area Code and Telephone Number	
Expected Opening Date		Requested Inspection Date <sup>1</sup>	
Signature of Applicant			Date
<b>IMPORTANT: Please carefully read and complete page 2 of this application</b>			

<sup>1</sup> A 14-day notice is required for scheduling an opening or change of location inspection. An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

<sup>2</sup> If reinstatement, complete the following:

- Request for reinstatement is due to  lapse of permit  suspension or revocation of permit
- Has this facility operated as a restricted manufacturer during the time the permit was lapsed, suspended, or revoked?  Yes  No

<sup>3</sup> A list of all drugs to be manufactured must accompany this application. If the only manufacturing process is to repackage oxygen, check here.

<sup>4</sup> A curriculum vitae of supervising pharmacist or other qualified person must be included with the application.

<sup>5</sup> Will this facility be handling any Schedule II through V controlled substances?  Yes  No

If yes, a controlled substance registration is also required. (Application is available [www.dhp.virginia.gov/pharmacy](http://www.dhp.virginia.gov/pharmacy))

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: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Profession or Training: \_\_\_\_\_

If pharmacist, license number: **0202-** \_\_\_\_\_

**FOR BOARD USE ONLY**

Date Processed:	Check No:	Receipt No:	Application No:
Date Issued:	Permit Number: <b>0207-</b>	Reviewed By:	Date Reviewed: