

WYOMING STATE BOARD OF PHARMACY

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Cheyenne, WY 82002

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**APPLICATION FOR RENEWAL OF REGISTRATION
UNDER THE WYOMING CONTROLLED SUBSTANCES ACT
AS A MANUFACTURER, DISTRIBUTOR, OR RETAILER OF METHAMPHETAMINE PRECURSOR DRUGS**

Registration Period: October 1st to September 30th

RENEWAL FEE: \$25.00

Instructions:

- Please fill out information below.
- Sign, date and return with correct fee.
- Renewals must be postmarked on or before September 30.
- You will **NOT** need to renew your registration **IF** you discontinue selling at wholesale or retail products covered by this registration on or before September 30. Attach a letter to this application indicating the date you stopped selling the products, disposition of your final inventory, name/title, signature, and return both the renewal application and your letter to this office.
- Please contact our office if you have any questions:

Name of Business: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ (please print) Title: _____

Telephone: _____ Fax: _____ E-Mail: _____

Business Activity: _____

Type of Ownership: _____

FEIN (Federal Employer ID Number): _____

Names of Owners:

Provide names and addresses of owner(s) if individual or partnership; names of each corporate officer and director if a corporation; or names of members and addresses if a limited liability company (may attach list):

Continued on the reverse.

Methamphetamine Precursor Drugs Sold:

Please note only the following type of products are covered by W.S. 35-7-1059 (e) through (p) and are subject to the provisions of this law. ***Please check each category, which is sold by your company.***

Any non-liquid product containing ephedrine or pseudoephedrine or phenylpropanolamine in any combination or in combination with any another active ingredient.

Any liquid product containing ephedrine or pseudoephedrine as the **sole active ingredient**.

I hereby apply for renewal of **business name:** _____, WY registration number: _____ as required by W.S. § 35-7-1059 (m) to distribute methamphetamine precursor drugs as allowed under this law.

Authorized Signature _____ Title _____ Date _____

Printed Name: _____

Renewal applications received not completed or signed will be returned. Registrations expire annually on September 30th. The board of pharmacy will mail yearly renewal notices.

For Board Use

Date received: _____ Payment amount: _____ Check number: _____

Renewal cert. mailed: _____