

WYOMING STATE BOARD OF PHARMACY

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Cheyenne, WY 82002

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**APPLICATION FOR WYOMING REGISTRATION
AS A MANUFACTURER OR DISTRIBUTOR OF PRESCRIPTION DRUGS FOR
NON-HUMAN (VETERINARY) USE ONLY***

Fee for Registration as a Manufacturer or Distributor of Prescription Drugs for Non-Human (Veterinary) Use:	\$ 275.00
Wyoming Controlled Substance Registration (<i>if applicable</i>):	\$ 250.00

Make check payable to *Wyoming State Board of Pharmacy*.

Registration will expire on June 30th of each year.

- Instructions:**
- 1. Verify all information. Information may be provided on a separate page, if necessary.**
 - 2. Sign and date the application.**
 - 3. Submit completed application, appropriate fee(s), and any attachments to the address given above.**

Name under which company is doing business: _____

All current and former trade or business names used by the licensee, if different from above (*information may be provided on a separate page, if necessary*): _____

FEIN Number (Federal Employer Identification Number) _____

Address: _____

Contact person regarding this application: _____

Title: _____

Phone number: _____

Fax number: _____

Email: _____

If not located in Wyoming, resident state license number: _____

Resident state license expiration date: _____

(Please provide a copy of current resident state license.)

* If this entity's business activities in Wyoming fall within the definition of a wholesale distributor of prescription drugs for human use, please contact the Board office (*see Wyoming Statute 33-24-153 and Wyoming Pharmacy Act Rules and Regulations Chapter 8, accessible via <http://pharmacyboard.state.wy.us/laws.asp>*).

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Preferred address for future renewal application mailings (if different from address previously provided):

Attention:

Name of parent company:

Type of ownership:

Individual Partnership Corporation L.L.C.

Provide a listing of names of owner(s); or partners, if a partnership; or corporate officers or directors, if a corporation; or members, if a limited liability company (information may be provided on a separate page, if necessary):

Business Activity (check only one):

- Manufacturer
Registration as a manufacturer conveys distribution privileges only as to those substances manufactured.
- Wholesaler/Distributor
- Reverse Distributor
- Repackager

WYOMING CONTROLLED SUBSTANCE REGISTRATION

The Wyoming Controlled Substances Act, 1971, requires the registration of all manufacturers or distributors of prescription drugs for non-human (veterinary) use who distribute controlled substances into, within, or out of Wyoming. **Check the appropriate box and include the controlled substance registration fee of \$250.00 if you will distribute controlled substances into, within, or out of Wyoming.**

- The applicant **will not** distribute controlled substances into, within, or out of Wyoming.
- The applicant **will** distribute controlled substances into, within, or out of Wyoming, including controlled substance prescriptions included in the following schedules: II III IV V

Federal DEA Registration Number: _____

Federal DEA Registration Expiration Date: _____

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THE FOLLOWING QUESTIONS MUST BE ANSWERED

1. If not located in Wyoming, are you currently authorized to manufacture or distribute prescription drugs for non-human (veterinary) use under the laws of the State or jurisdiction in which you are operating or propose to operate?
 Yes (*Provide a copy of State registration.*) No

2. Has the applicant, or (a) any of applicant's partners, if applicant is a partnership; or (b) any of applicant's corporate officers or directors, if the applicant is a corporation; or (c) any members, if the applicant is a limited liability company, had any previous registration or professional license or certification surrendered, revoked, suspended, limited, denied, or is such an action pending?
 Yes (*Provide specifics on a separate attachment.*) No

3. Has the applicant, or (a) any of applicant's partners, if applicant is a partnership; or (b) any of applicant's corporate officers or directors, if the applicant is a corporation; or (c) any members, if the applicant is a limited liability company, received a felony conviction under federal, state or local laws?
 Yes (*Provide specifics on a separate attachment.*) No

4. Is this application for licensure submitted as a result of a change in ownership?
 Yes No

If Yes:

Name under which current license holder is doing business: _____

and Wyoming registration number: _____

and the effective date of this change in ownership: _____

I hereby apply for Wyoming registration to conduct business as a manufacturer or distributor of prescription drugs for non-human (veterinary) use only. The information provided, as well as any attachments, is correct as of the date of this application.

Signature

please print name clearly

Title

Date

For Board Use Only

Date received: _____ Amount paid: _____ Check #: _____

License #: _____ CS# _____ Date Registration mailed: _____

10/2015