



New Mexico Regulation and Licensing Department

Board of Pharmacy

5500 San Antonio Dr NE ▪ Suite C ▪ Albuquerque, New Mexico 87109
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.state.nm.us/boards/pharmacy.aspx

WHOLESALE DRUG DISTRIBUTOR; REPACKAGER;
THIRD PARTY LOGISTICS PROVIDER; APPLICATION

Fee: ** \$1000.00 (Please pay by check or money order payable to New Mexico Board of Pharmacy)

Applications and fees must be received together, otherwise processing time will be delayed. Application fee is non-refundable.

Retain a copy of both the application and form of payment for future reference.

10 to 14 days processing time once application is received.

FULL BUSINESS NAME & MAILING ADDRESS

PHYSICAL LOCATION ADDRESS:

Three blank lines for business name and mailing address.

Three blank lines for physical location address.

Phone No. _____ Fax No.: _____ E-mail: _____

Web Address: _____

Manufacturer [] Virtual Manufacturer [] Wholesale Distributor [] Virtual Wholesale Distributer []
Third Party Logistics Provider (3PL) [] Repackager []

**Limited Veterinary Wholesaler [] - FEE FOR LIMITED VETERINARY WHOLESALER LICENSE
TYPE ONLY IS \$300.00

FOR CHANGE OF OWNERSHIP:

Name of current NM Licensee: _____

License Number: _____ Exp. Date: _____

Effective Date of Ownership Change: _____

List all trade names or business names ("DBA" names) previously or currently used by the same corporation or by
licensee: _____

Please enter current registration numbers, "pending" if in process of application, or "NA" if not applicable

DEA Reg No.: _____ NMCS No.: _____ FDA Reg No.: _____

Please indicate type of ownership below:

Individual Owner [] Partnership [] Corporation [] Limited Liability Company []

Please provide name, address, date of birth (DOB), and social security number (SSN) of each owner, partner, and/or
officers (may attach a list). This information is not required for a publicly traded corporation.

Name Date of Birth Address Social Security Number (or FEIN)

Three blank lines for owner information.

(State of incorporation, if applicable: _____)

Designated Representative:

Name: _____

DOB: _____

SSN: _____

Phone: _____

Business address: _____

E-Mail: _____



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Please indicate the type(s) of pharmaceuticals you distribute or plan to distribute to New Mexico:

Controlled Substance **Non-Controlled Prescription Drugs** **Over-The-Counter Medications**
Other (specify): _____

Please attach the following to this application:

1. A letter describing, in detail, the nature of your business in the State of New Mexico.
2. **IF LOCATED IN NM:** A full description of each facility/warehouse located in New Mexico including:
 - Terms of lease or ownership, square footage, security and alarm descriptions, address, and temperature/humidity controls
3. A copy of the applicant's written policies and procedures. Submit in electronic form. Only submit those policies and procedures required for the license application type [wholesale distributor 16.19.8.13 (I) NMAC; 3PL 16.19.8.18 (D); repackager 16.19.8.23 (D)].
4. A list of contact persons, addresses, and telephone numbers for all facilities used by the licensee for storage, handling, and distribution of dangerous drugs.
5. A list of all pharmaceutical accounts with whom you are conducting business with in the State of New Mexico. Include business names and addresses.
6. A list of all state and federal licenses, registrations, and permits, including those issued by other states authorizing the applicant to purchase, possess, repackage, or distribute dangerous drugs.
7. A copy of the most recent FDA or home state's inspection report.
8. Results of criminal background check & fingerprinting of applicant and designated representative (both state and federal background check is required).
 - The background check must include all states of residence since the person has been an adult.
 - Do not send fingerprints.
 - Manufacturers and repackagers registered with the FDA as a drug establishment are exempt from this requirement.
9. **For Manufacturers & Repackagers Only:** Proof of valid registration with FDA as a drug establishment.
10. Does your company/business distribute professional drug samples to licensed practitioners in the State of New Mexico through manufacturer representatives? **YES** **NO**
 - If YES, attach a list of names and home addresses of the representatives assigned to New Mexico
11. I (we) have not been arrested, investigated for, charged with, convicted of, sentenced for, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government.*

Signature – Designated Representative

Signature – Owner/Officer

12. I (we) have not been disciplined, or the subject of administrative action or other sanction, by a regulatory or licensing agency in any state for violating and federal, state, or local laws relating to drug or device distribution.*

Signature – Designated Representative

Signature – Owner/Officer

13. I (we) have not been subject to suspension, or revocation or any other sanction by federal, state, or local government of any license currently or previously held for the manufacture or distribution of any drugs, including controlled substances.*

Signature – Designated Representative

Signature – Owner/Officer



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***Please explain any failure to sign statements 11 - 13. Explain the circumstances, include a copy of the judgment, and attach to this application**

I (we) hereby make application for a license as indicated above pursuant to the New Mexico Pharmacy Act and Drug and Cosmetic Act. I understand the license expires December 31 of every other year, and the license is not transferable. A separate license is necessary for each location.

Signature – Designated Representative

Signature – Owner/Officer

I (we) certify under penalty of perjury that the information given in this application is true and accurate to the best of my (our) knowledge.

Signature – Owner or Officer

Date

Print Name of Owner or Officer

Signature – Designated Representative

Date

Print Name of Designated Representative

Changes in any of the information requested on this application must be submitted in writing to the Board within 30 days of that change.