



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

Manufacturer Registration Legend Drugs, Controlled Substances, Legend Medical Devices, OTC Products

Required Documents

Use this application if your company manufactures and distributes your own product. (***Your company does not distribute any other manufacturer's product***)

Photocopies of the following applicable documents are required for registration, and must be submitted with the completed application form and fee/s

- Current resident state manufacturer license
- DEA Certificate *if applicable*
- Current facility inspection report issued by either
 - The resident state
 - OR
 - Food and Drug Administration (FDA EIR)
- List of corporate officers/partners

Fee – The annual fee for registration for the following activities is \$100

- Manufacture of Legend Drugs, Legend Medical Devices and/or OTC products

Fee – The annual fee for registration for the following activity is an additional \$100

- Manufacture of Controlled Substances

~~The total fee for each registered facility does not exceed \$200 annually~~



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Manufacturer Registration Application

Type of Application: New Ownership Change Name/Address Change (no fee)

Previous registration #: _____ Previous Name: _____

Name of Business: _____

Physical Address: _____

City: _____ State: _____ Zip+4: _____ + _____

Phone: _____ Fax: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip+4: _____ + _____

Phone: _____ Fax: _____

Resident State License #: _____ Expiration: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Type of Ownership (Attach listing of officers, partners, etc., with addresses and phone for each)

Partnership Sole Proprietorship Corporation Limited Liability

Owner: _____

Type of Products

OTC Legend/prescription drugs
 Legend/prescription devices Controlled Substances

Have any of the applicants had: (If answer is yes to any of the following attach documentation)

Felony or other conviction relating to the distribution of drugs, including samples? No Yes

Felony convictions under federal, state or local laws? No Yes

Suspensions or revocation of registration/license for the manufacturing or distributing of drugs, including controlled substances, by federal, state or local laws of any registration/license currently or previously held by applicants? No Yes

Have any application for registration/ licensure been denied by any federal, state or local agency?
 No Yes

Signature of Corporate Officer

Date