



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

Required Documents - Idaho Registration Manufacturer – Wholesaler of OTC

Use this application if your company manufactures and distributes their own product or is a wholesaler of OTC products ONLY. *(If your company manufactures controlled substances the total fee is \$200.)*

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

- ◆ A copy of the current resident state license
- ◆ DEA Certificate
- ◆ A copy of the current facility inspection report issued by the resident state or the Food and Drug Administration
- ◆ A list of corporate officers/partners

*Applications for facilities in Idaho need only submit the list of corporate officers/partners with the application and fee

Note: The name (or names) and address on the state and federal license/registration copies submitted to support an application must match the name (or names) and address listed on the application.



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Application Idaho Registration Manufacturer- Wholesaler of OTC

Manufacturer	\$100.00
Controlled Substance Manufacturer	\$100.00
Wholesaler OTC	\$100.00

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

Previous registration #: _____ Previous Name: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Resident State: _____ License #: _____ Expiration: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Owner: _____

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

Partnership Sole Proprietorship Corporation Limited Liability

Type of Operation:

Manufacturer Wholesaler OTC Only

Type of Products: OTC Legend/prescription Controlled Substances

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

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

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

Signature of Corporate Officer

Date