



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

MANUFACTURER OTC and/or LEGEND DRUGS REGISTRATION RENEWAL 2010 Fee \$100 – If postmarked after 06/30/2010 \$150

License Number: _____

Name of Business: _____

Physical Address: _____

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

Phone: _____ Fax: _____

Physical Address (if different): _____

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

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Phone: _____ Fax: _____

If this facility has had a name, address or ownership change you must complete a new application and supply the required documentation.

Applications are available at <http://www.idaho.gov/bop/forms/index.html>

Since the last renewal period has applicant(s) had: (If answer is yes to any of the following attach documentation)

1. Conviction relating to the distribution of drugs, including samples? No Yes
2. Felony convictions under federal, state or local laws? No Yes
3. 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
4. Have any applications for licensure been denied by any federal, state or local agency? No Yes

Signature

Responsible Party: _____ Date: _____