ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

FOR AGENCY USE ONLY							
ASBP Approval:		Permit No.:		Fee:		Receipt No.:	
Effective Date:		Certificate Mailed:		Check No.:		Check Date:	
Fee From:		Fee To:					

APPLICATION FOR DRUG MANUFACTURER / REPACKAGER PERMIT

(Call Board Office for Fee Information)

Business Name:	
Address:	
City, State, Zip:	
County:	
Facility Phone Number:	
Facility Fax Number:	
E-mail:	
Mailing Address (if different):	
City, State, Zip:	
Name of owner(s) (If corporation or partnership, attach a list of officers or partners on a separate sheet, including name, title and address):	
Corporate Phone Number:	
Corporate Fax Number:	
Date business started / opening:	
Application submitted due to change in ownership?	☐ Yes ☐ No
If yes, give former owner's name, AZ permit number, and permit name (if different):	
Other trade or business names used:	
Have you conducted a similar business in any other jurisdiction?	☐ Yes ☐ No
If yes, state under what names and locations:	
Has the owner, or any corporate officer or active partner ever been convicted of an offense involving moral turpitude, a felony offense, or any drug-related offense or has any currently pending felony or drug-related charges?	☐ Yes ☐ No
If yes, indicate charge, conviction date, jurisdiction, and location:	
Has the owner, or any corporate officer or active partner ever been denied a pharmacy permit in this state or any other jurisdiction?	☐ Yes ☐ No
If yes, indicate where and when:	

[continued on page 2]

Current FDA manufacturer or repackager registration / expiration date: **Include copy of drug list required by FDA**	
Name & emergency phone number of manager or responsible person:	
Include resume indicating educational or experiential qualifications related to drug manufacturering / repackaging operations	

FACILITIES LOCATED IN ARIZONA REQUIRE:

Floor Plan - Include plans or construction drawing showing facility size and security adequate for the proposed business.
Zoning - Include documentation of compliance with local zoning laws.

The person designated above as the manager or responsible person will be present at the Arizona State Board of Pharmacy meeting when application is submitted for approval.

FACILITIES LOCATED OUTSIDE ARIZONA REQUIRE:

Existing Permit - Attach a photo copy of license / permit issued by State of domicile.

To the best of my knowledge and belief the foregoing application is true and current in all respects.

(Signature of Owner, Corporate Officer or Manager)	(Title)	(Date)