

NEW MEXICO BOARD OF PHARMACY  
5200 OAKLAND NE SUITE A  
ALBUQUERQUE, NM 87113  
(505)222-9830/FAX(505)222-9845  
[www.rld.state.nm.us/pharmacy](http://www.rld.state.nm.us/pharmacy)

MAIL EARLY 5 TO 10 DAY PROCESSING TIME ONCE APPLICATION IS RECEIVED  
APPLICATIONS AND FEES MUST ACCOMPANY EACH OTHER; OTHERWISE PROCESSING TIME WILL BE  
DELAYED. RETAIN A COPY OF BOTH THE APPLICATION AND FORM OF PAYMENT FOR FUTURE REFERENCE.

LIMITED RETAIL AND WHOLESALE VETERINARY DRUG RENEWAL  
APPLICATION

Name & Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

License Number: \_\_\_\_\_

Location Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Fax No. \_\_\_\_\_

Bi-ennial Fee: \$300.00 (pay by check or money order)

Late Fee: \$75.00

*I understand that license is due December 31 of every other year, and that license is not transferable, and furthermore that a separate license is necessary for each location of doing business. I understand this registration only allows me to distribute pharmaceuticals labeled for veterinary use pursuant to NMSA 26-1-15.*

*I [owner(s)/operator(s)] have not since the time of our last renewal, been arrested, investigated for, charged with, convicted of, sentenced, 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 \_\_\_\_\_

*I [owner(s)/operator(s)] have not since the time of our last renewal, had any disciplinary actions, or have any pending actions against us, or to my knowledge been investigated by any professional licensing authority.\**

Signature \_\_\_\_\_

*\*If the above statements are not true, explain the circumstances, include a copy of the judgment, and attach to this application.*

*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

\_\_\_\_\_  
Print Name of Owner or Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Consultant Pharmacist

\_\_\_\_\_  
Print Name of Consultant Pharmacist & Lic #

\_\_\_\_\_  
Date