New Mexico Regulation and Licensing Department
New Mexico Board of Pharmacy
5500 San Antonio Dr NE ▪ Suite C ▪ Albuquerque, New Mexico 87109
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.state.nm.us/boards/pharmacy.aspx

CHANGE IN DESIGNATED REPRESENTATIVE APPLICATION

NM Board of Pharmacy Facility License #: _____ Expiration Date _____
Controlled Substance Registration #_____ Expiration Date:_____

License Type: Wholesale Distributor ☐ Third Party Logistics Provider (3PL) ☐ Repackager ☐

FULL BUSINESS NAME & MAILING ADDRESS
_____
_____
_____

PHYSICAL LOCATION ADDRESS:
_____
_____
_____

Phone No._____ Fax No.:_____ E-mail:_____
Web Address: _____

Contact Person Name and Title: _____ Telephone Number _____ Email _____

Designated Representative Applicant Information:

1. **Name_____ Date of Birth _____ Social Security Number_____**
   Telephone number.:_____ **E-mail:**_____

2. **Attach results of current criminal background check & fingerprinting of designated representative applicant (both state and federal background checks are required)**
   - The background check must include all states of residence since the person has been an adult.
   - Do not send fingerprints.

3. **Provide a list of occupations, positions of employment and offices held during the past seven years:**

Occupation	*Position of employment or office held*	*Dates*

4. **Designated representative and facility qualifications:**
   a. I (we) qualify to be certified as a designated representative, and the facility qualifies for licensure:
   - have not been convicted of any felony for conduct relating to manufacturing or distribution (including drug samples, wholesale or retail prescription drug distribution, or distribution of controlled substances), any felony violation of Subsection (i) or (k) of Section 301, or any felony violation of Section 1365 of title 18, United States Code, relating to product tampering; and
   - if a 3PL: the FDA has not made a finding that the 3PL does not utilize good handling and distribution practices and published notice thereof.

   Signature_____ **Signature (owner or officer)**_____

   b. I will be:
   - actively involved in and aware of the actual daily operations and inventory control of the facility;
   - employed full-time in a managerial position by the facility;
   - physically present at the facility during normal business hours, except for time periods when absent due to illness, family illness or death, scheduled vacation or other authorized absence;
   - aware of and knowledgeable about all policies and procedures pertaining to the operations of the licensed facility;

- the designated representative for only one licensed facility at any one time, except where more than one licensed facility of a single type (wholesale distributor, 3PL, or repackager) is co-located in the same facility and such distributors are members of an affiliated group as defined in Section 1504 of the Internal Revenue Code; and
- responsible for all aspects of the facility operations.
- I will complete training programs that address applicable state and federal laws and are provided by qualified in-house specialists, outside counsel or counseling specialists with capabilities to help ensure compliance.

Signature_____

5. Additional designated representative applicant attestations:

a. I have not, in the last seven years, been enjoined, either temporarily or permanently, by a court of competent jurisdiction for violating any state or federal laws regulating the possession, control or wholesale distribution of prescription drugs or devices.*
Signature_____

b. I have not, in the last seven years, been the subject of any proceeding for the revocation of any professional or business license or any criminal violation.*
Signature_____

c. I have not had any involvement with any business, including any investments, other than the ownership of stock in a publicly traded company or mutual fund during the past seven years, which manufactured, administered, prescribed, distributed or stored prescription drugs and devices in which such businesses were named as a party in a lawsuit.*
Signature_____

d. I have not been arrested, investigated for, charged with, convicted of, sentenced for, 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_____

e. I have not been disciplined, or the subject of administrative action or other sanction, by a regulatory or licensing agency in any state for violating and federal, state, or local laws relating to drug or device distribution.*
Signature_____

f. I have not been subject to suspension, or revocation or any other sanction by federal, state, or local government of any license currently or previously held for the manufacture or distribution of any drugs, including controlled substances.*
Signature_____

***If any of the above statements are not true, attach corresponding documentation (description, disposition). For all documentation provided, specify which application question(s) the documentation corresponds to.**

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 Date

_____
Print Name (Designated Representative Applicant)

_____ _____
Signature Date

_____
Print Name (Owner of Officer)