



# Board of Pharmacy

New Mexico Regulation and Licensing Department  
**BOARDS AND COMMISSIONS DIVISION**  
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

## WHOLESALE DRUG DISTRIBUTOR; REPACKAGER; THIRD PARTY LOGISTICS PROVIDER; RENEWAL APPLICATION

**Fee: \$700.00** biennial (Please pay by check or money order payable to **New Mexico Board of Pharmacy**)

\$175.00 late fee if renewal is not postmarked by December 31, submit the fee.

Applications and fees must be received together, otherwise processing time will be delayed. Application fee is non-refundable.

Retain a copy of both the application and form of payment for future reference.

10 to 14 days processing time once application is received.

License #: WD \_\_\_\_\_

Full Business Name and Mailing Address:

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

Manufacturer  Virtual Manufacturer  Wholesale Distributor  Virtual Wholesale Distributer   
Third Party Logistics Provider  Limited Veterinary Retailer  Repackager  Jobber

Designated Representative:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Business address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please indicate the type(s) of pharmaceuticals you distribute or plan to distribute to New Mexico:

Controlled Substance  Non-Controlled Prescription Drugs  Over-The-Counter Medications

Other (specify): \_\_\_\_\_

I (we) hereby make application for a license as indicated above pursuant to the New Mexico Pharmacy Act and Drug and Cosmetic Act. I understand the license expires December 31 of every other year, and the license is not transferable. A separate license is necessary for each location. This application must be received or postmarked December 31<sup>st</sup>. **If not postmarked by December 31, submit the late penalty of \$175.00.**

I (we) 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 – Designated Representative

\_\_\_\_\_  
Signature – Owner/Officer

I (we) 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 – Designated Representative

\_\_\_\_\_  
Signature – Owner/Officer

I (we) 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 – Designated Representative

\_\_\_\_\_  
Signature – Owner/Officer

**\*Please explain any failure to sign the statements above. Explain the circumstances, include a copy of the judgment, and attach to this application**

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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

Date

Print Name of Owner or Officer

Signature – Designated Representative

Date

Print Name of Designated Representative

Does your business/company distribute professional drug samples to licensed practitioners in New Mexico through manufacturer's representatives? YES [ ] NO [ ] **\*\*If yes, please complete section below**

Drug wholesale distributors, drug manufacturers and drug warehouses must provide the Board with your written company policy relating to the safety and security of the handling of dangerous drugs (prescription drugs) by your manufacturer's representatives and to their compliance with the Prescription Drug Marketing Act of 1987.

Please complete the following for any representatives engaged in prescription drug sample distribution in New Mexico:

Manufacturer's name \_\_\_\_\_ New Mexico license No: \_\_\_\_\_

NAME	ADDRESS	TELEPHONE NUMBER

Manufacturers' representatives are no longer required to register with the New Mexico Board of Pharmacy.

Name/ address/ and telephone number of the custodian of sample drug distribution records for clients within New Mexico.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Title \_\_\_\_\_ City \_\_\_\_\_  
Telephone number ( ) \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Changes in any of the information requested on this application must be submitted in writing to the Board within 30 days of that change.**