



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
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

Drug Warehouse Application

“Drug warehouse” means an off-site physical storage location of an in-state clinic, hospital or pharmacy currently licensed by the New Mexico Board of Pharmacy. Dangerous drugs may be stored for the use of the licensed clinic, hospital or pharmacy.

FEE: \$200

LIC. FACILITY NAME & ADDRESS:

WAREHOUSE LOCATION ADDRESS:

Pharmacy Board License Number: _____

Fax No.: _____

Phone No.: _____

Email: _____

Web Address: _____

I, the undersigned, hereby make application for a license as indicated above pursuant to the New Mexico Pharmacy Act and Drug and Cosmetic Act. I understand that license is due December 31 biennially, and that license is not transferable, and furthermore that a separate license is necessary for each location of doing business.

Please enter current registration numbers for licensed facility operating drug warehouse or "N/A" (not applicable)

DEA Reg. No.: _____

NMCS No.: _____

FDA No.: _____

Please circle the type of pharmaceuticals you intend to warehouse at this location:

A. Controlled Substances*

*Requires new DEA and state controlled substances registrations

B. Non-Controlled Prescription Drugs

C. Over-the-Counter Drugs

D. Other: Specify _____

Please attach a list of contact persons, address and telephone numbers for warehouse used by the licensee for storage, handling and distribution of dangerous drugs.

Submit a copy of the policies and procedures for:

Drug storage

Record keeping for drug receipt, distribution and disposition

Security

Controlled substances (if maintained at this location)

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 offence in any state, territory or possession of the United States or by the federal government.*

Signature: _____

I/We have not, had any disciplinary actions, or have any pending actions against me/us, or to my knowledge been investigated by any professional licensing authority.*

Signature: _____

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

I (We) hereby certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature of Owner or Officer

Date Signed

Print name & Title

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