

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

Phone (502) 564-7910

Fax (502) 696-3806

NON-RESIDENT WHOLESALE DISTRIBUTOR VERIFICATION

This form must be completed by the applicant and the Board of Pharmacy of the state in which the applicant is located, and returned with the non-resident wholesale distributor application to the Board office before a non-resident wholesale distributor license will be issued.

Name of Facility		
Physical Address of Facility		
City	State	ZIP Code
The following section is to be completed by the Board of Pharmacy of the state in which the applicant is located:		
<p>Is the facility properly licensed or registered in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this facility been the subject of disciplinary action(s) taken by any licensing jurisdiction, government agency, law enforcement agency or court? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, attach a letter of explanation, a copy of the charging document/complaint and all relevant court documents.</p> <p>Has the facility, owner, partner, officer, agent or employee been the subject of disciplinary action(s) taken by any licensing jurisdiction, government agency, law enforcement agency or court? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>*If yes, attach a letter of explanation, a copy of the charging document/complaint and all relevant court documents.</p>		
Printed name and title of State Official	State	
Signature of State Official	Date	
SEAL		

