Precursor Chemicals:
A chemical substance specifically designated as such by the Alabama State Board of Pharmacy that, in addition to legitimate uses, is used in the unlawful manufacture of a controlled substance or controlled substances.

- Please be sure that you have reviewed the license type definitions and selected the proper new application.
- Application must be signed by the owner, officer, or CEO only. Power of Attorney’s will not be accepted.
- Follow all directions completely as failure to submit required documentation will cause delays in processing your new application.
- You must submit all required documentation with the application packet. Forms will not be pulled from other applications. Incomplete submissions could result in withdrawal of your application. Applications fees are non-refundable.
- If additional forms are needed, please make copies. If additional space is required to answer a question, please attach the information on a separate sheet of paper.
- Section A is the check list. The documents listed are required for submission with the new application packet. All applicants must comply, or the application will be returned.
- Additional information may be requested through a deficiency email based on information provided on the application. This is part of our detailed comprehensive review process. The applicant will have 30 days from the date of the email to comply to the deficiency email. If compliance is not met within 30 days, then the application will be considered abandoned and the application will be withdrawn, and no refunds will be issued. If the applicant complies the documents will be reviewed, then a permit will be issued, or another deficiency email will be issued for additional information. Again, this is part of our comprehensive review process. Multiple deficiency emails could be submitted during a review process. Due to the volume of applications received, weekly status reports will not be possible.
- Section B is Ownership and is based on the answer chosen in Section 6 of the application. For Example: If the selection is D, Corporation, then you would refer to Section B – F and provide the forms in Section D, for Corporation. Under each form are the instructions and additional information required to complete this section. This process is the same for section B – F. The applicant may print or copy The Individual History Affidavit Form and Business History Affidavit Form as many times as applicable.

Mail Completed Applications to:
Alabama Board of Pharmacy
111 Village Street
Birmingham, AL 35242
I. Check List
(Section A) Required for All Applicants

All applicants **must** complete and submit the following documents:

- [ ] Completed New Precursor Application
- [ ] Proof of entity (foreign or domestic) registration with the Alabama Secretary of State. [www.sos.state.al.us](http://www.sos.state.al.us)
- [ ] Payment Form and check if applicable (Application fees are non-refundable)
  - New Permit Fee $500
- [ ] DEA Certificate (copy) (If applicable)
- [ ] Facility Designated Representative (Section 6 of application)
  - This must be a person of authority that works at the applicant facility.
  - An Individual History Affidavit Form must be completed for this person.
- [ ] Copy of Home State License
  - This must be a copy of the actual certificate.
  - If your state does not require your facility to have license, provide proof of exemption.
- [ ] Verification of the Home State License
  - This can be a current online verification from the home state issuing agency, but the printed verification should be within the past 30 days.
  - Verifications mailed directly to our office from other regulatory agencies will not be accepted. The verification must be submitted with all other required documentation as part of the original submission.
  - If your state does not require your facility to have license, provide proof of exemption.
- [ ] Application Contact Form
  - One contact per new application only.
- [ ] Additional Information may be requested in the Application
  - Read over the application carefully for any additional information that may be required.
  - Failure to provide the additional information will delay/prevent processing and the issuing of a permit.
II. Ownership: Section B-F is based on the answer chosen in Section 6 of the application.

(Section B) Individual Owner

☐ Individual History Affidavit Forms
Complete one form for Owner(s) listed in section 6 of the application.

☐ Business History Affidavit Forms
Complete one form for the Applicant Business.

(Section C) Partnership

☐ Individual History Affidavit Forms
Complete one form for each Partner/Authorized Agent listed in section 6 of the application.

☐ Business History Affidavit Forms
Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

☐ Partnership Agreement
Current executed agreement

(Section D) Corporation

☐ Individual History Affidavit Forms
Complete one form for each owner, officer, stockholder, and executive officer listed in section 6 of the application.

☐ Business History Affidavit Forms
Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

☐ Ownership Organizational Chart
Provide an organizational chart that clearly outlines the company’s ownership structure and includes percentages for each party.

(Section E) Publicly Traded Corporation

☐ Individual History Affidavit Forms
Complete one form for each executive officer and any authorized agent listed in section 6 of the application.

☐ Business History Affidavit Forms
Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

(Section F) Limited Liability Company

☐ Individual History Affidavit Forms
Complete one form for each member, executive officer, and authorized agent listed in section 6 of the application.

☐ Business History Affidavit Forms
Complete one form for the Applicant Business and any Entity Owner listed in section 6 of the application.

☐ Ownership Organizational Chart
Provide an organizational chart that clearly outlines the company’s ownership structure and includes percentages for each party.
## Alabama State Board of Pharmacy
### New Precursor Application

### 1. Applicant Business Details

<table>
<thead>
<tr>
<th>Name of Business:</th>
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</table>

All other trade or business names ("DBA" names) used by applicant:

<table>
<thead>
<tr>
<th>Business Address:</th>
<th>Number and Street</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
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</table>

Telephone Number for Business:  Federal Employer Identification Number/TIN:

### 1. Hours of Operations

<table>
<thead>
<tr>
<th>Monday - Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

### 2. Business Operations

2a. What operation does the application business perform using precursor chemicals: *(Mark all that apply)*

- [ ] Manufacture
- [ ] Wholesale Distribute
- [ ] Third Party Logistics Provider
- [ ] Repackage
- [ ] Other: ____________________________

2b. The applicant business sells/ships precursor chemicals to: *(Mark all that apply)*

- [ ] Community pharmacies
- [ ] Hospitals
- [ ] Wholesale Distributors
- [ ] Licensed Prescriber
- [ ] Third Party Logistics Provider
- [ ] Repackagers
- [ ] Other: ____________________________

2c. Do you currently have a federal registration with the Drug Enforcement Administration?

- [ ] Yes DEA #: __________ Exp. Date: __________

2d. Mark all schedules listed on your DEA registration:

- [ ] Schedule II
- [ ] Schedule III
- [ ] Schedule IV
- [ ] Schedule V
- [ ] List 1 (L1)

### 3. Precursor Drug List

3a. Please list Precursor Drugs Processed/Sold in Alabama *(if additional space is needed, please attach an additional page)*
4. API

4a. Does applicant import bulk API?

☐ Yes  ☐ No

4a. If you answered “yes” to this question attach a list with the name, address, and FDA FEIN# of all companies from which you purchase these items.

5. Discipline/Settlement/FDA 483

Has this business ever surrendered, had suspended or lost its license or received any other disciplinary action?  ☐ Yes  ☐ No

Has any final judgment been entered or settlement reached resulting from a claim or action for damages caused by any error, omission or negligence in the performance of any pharmacy or pharmaceutical professional services?  ☐ Yes  ☐ No

Has applicant ever received a FDA 483, warning letter, recall, or seizures?  ☐ Yes  ☐ No

5a. If you answered “yes” to any of the above questions attach a copy of the disciplinary action(s) and an explanation to the application.

6. Facility Designated Representative: This must be a person of authority that work at the applicant’s facility.

6a. In addition, an Individual History Affidavit Form must be completed for this person.

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<th>Name</th>
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7. Ownership:

Section B-F is based on the answer chosen in Section 7 of the application.

Ownership details must be provided for the applicant business. These details may include a parent company, and officers, partner, or members (as appropriate) for the business. (See section B – F)

Type of Ownership:

☐ Individual Owner  ☐ Partnership  ☐ Corporation (Not publicly traded)  ☐ Publicly Traded Corporation

☐ Limited Liability Company

7a. Entity Owners

If the applicant business is owned by an entity (not a natural person), the applicant must identify each parent company that has 10% or more ownership

<table>
<thead>
<tr>
<th>Name</th>
<th>FEIN/TIN#</th>
<th>% of Ownership</th>
<th>Phone Number</th>
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Authorized Agent

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<th>Name</th>
<th>FEIN/TIN#</th>
<th>% of Ownership</th>
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Authorized Agent Phone Number:

Authorized Agent

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7b. Natural Person Ownership
Complete the details below for each owner, partner, member and/or stockholder (as appropriate) with 10% or more ownership that is a natural person owner for this business

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<th>Name</th>
<th>Title</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
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<th>Phone Number</th>
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<th>% of Ownership</th>
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7c. Executive Officer(s)
Complete the details for each executive officer for the business. At a minimum you must include the President/CEO, Vice President, Secretary, and Treasurer.

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In signing, PRECURSOR applicant agrees to:

- Provide names of trading partners, suppliers and purchasers, when requested.
- Comply with federal and state regulations regarding import and export regulations.
- Assist and cooperate with state of Alabama inspections/investigations regarding operation of businesses and facility(s) covered by this application.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Act, the Rules of the Board and all other applicable statutes and rules.

Are you a US Citizen? YES  NO    If NO, Submit documentation of legal status in this country.

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this ___________________ day of ____________________________, 20_______________ A.D.
APPLICATION MUST BE NOTARIZED

_____________________________________________
Notary Public  (seal)
INDIVIDUAL HISTORY AFFIDAVIT FORM

Name: [First Name]  [MI]  [Last Name]

Date of Birth:

Social Security Number: 
Telephone Number: 
Email Address:

Home Address:  [Number and Street]  [City]  [State]  [Zip]

Company Name: 
Permit Number: 

Company Address:  [Number and Street]  [City]  [State]  [Zip]

Position with Business: (Check all that apply)

- Owner
- Partner
- Officer
- Stockholder
- Member
- Designated Representative

- Other: Specify ____________________________________

Provide details for any professional or vocational license held in the past five years. (Pharmacist, physician, dentist, veterinarian attorney, accountant etc.)

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<th>License Held</th>
<th>State Issued</th>
<th>License Number</th>
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1. Have you ever been an owner, partner, officer, or member of any business (partnerships, corporation, firm, or association) whose license was denied, revoked, suspended, surrendered or placed on probation?  □ Yes  □ No

2. Have you ever had any professional or vocational (e.g. pharmacist, technician, pharmacy) license/registration revoked, suspended, denied, suspended, placed on probation or any other disciplinary action by any Federal or State authority?  □ Yes  □ No

3. Have you ever been arrested and/or convicted of a felony or misdemeanor (excluding minor traffic violations that do not involve drugs or alcohol) in any state?  □ Yes  □ No

4. Has any final judgment been entered or settlement reached resulting from a claim or action for damages caused by any error, omission or negligence in the performance of any pharmacy or pharmaceutical professional services?  □ Yes  □ No

If you answered “Yes” to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, board orders, or court proceedings.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Act, the Rules of the Board and all other applicable statutes and rules.

___________________________________________  ______________________________________
Signature       Title

__________________________________________  ____________________________________
Printed Name      Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _______________day of _________________________ , 20_______________, A.D.

APPLICATION MUST BE NOTARIZED____________________________________________________
Notary Public  (seal)
NEW BUSINESS HISTORY AFFIDAVIT FORM

Permit Holder (Business) Name: Permit Number:

Company Address: Number and Street City State Zip

Name of Entity Owner: FEIN/TIN#

Address: Number and Street City State Zip

Name of Authorized Agent: Phone Number:

Authorized Agent’s Position:

- Owner
- Member
- Manager
- Principal
- Executive Director

1. Has this business ever been an owner, partner, officer, or member of any business (partnerships, corporation, firm, or association) whose license was denied, revoked, suspended, surrendered or placed on probation? ☐ Yes ☐ No

2. Has this business ever been in violation of any part of the Alabama Pharmacy Law or its regulations? ☐ Yes ☐ No

3. Has this business ever been charged and/or convicted of violating any Federal or U.S. State law? ☐ Yes ☐ No

4. Has any final judgment been entered or settlement reached resulting from a claim or action for damages caused by any error, omission or negligence in the performance of any pharmacy or pharmaceutical professional services? ☐ Yes ☐ No

If you answered Yes to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, disciplinary orders, or court proceedings.

Signature Owner, Officer, or CEO only ________________________________
Title

Printed Name ________________________________ Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this ___________________day of ________________________, 20_______________ A.D.
APPLICATION MUST BE NOTARIZED

_______________________________________________ Notary Public (seal)
CONTROLLED SUBSTANCE WAIVER

Applicant Business Information

<table>
<thead>
<tr>
<th>Name of Business:</th>
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<tr>
<td>Address of Business:</td>
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<td>Number and Street</td>
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<td>City</td>
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<td>State</td>
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<td>Zip Code</td>
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I am hereby requesting the Board to issue only a permit and that no activities requiring a controlled substance registration will be performed during the referenced period. I understand that providing a false statement or engaging in any activity requiring a controlled substance registration may result in discipline.

___________________________________________                   ____________________________________
Signature Owner, Officer, or CEO only   Title

__________________________________________                   ____________________________________
Printed Name      Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this ___________________day of __________________________________, 20_______________ A.D.
APPLICATION MUST BE NOTARIZED

_______________________________________________
Notary Public (seal)
### Applicant Business Information

<table>
<thead>
<tr>
<th>Name of Business:</th>
<th>Address of Business: Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

Please provide the best contact details for the person to be contacted regarding any deficiencies, questions, or concerns regarding this application. All official correspondence regarding this application will be directed to this individual only.

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<th>Name:</th>
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___________________________________________  ____________________________________
Signature Owner, Officer, or CEO only                  Title

___________________________________________  ____________________________________
Printed Name        Date
PAYMENT FORM

You may pay by check or credit card. Please denote below which method of payment you will be sending.

Business Name: ____________________________  Permit # ________________

☐ Check #__________ is attached – Please make check payable to the Alabama State Board of Pharmacy

☐ Charge fees to credit card (There will be an additional 5% transaction fee)

Credit Card Type:  Visa  MasterCard  Discover   American Express  (please circle)

Card Number: ___________________________________________________________

Expiration Mo/Yr: ___________/____________ (MM/YY)

Security Code ______________

Card Holder Name:  ______________________________________________________

Complete Billing Address: _________________________________________________

_______________________________________________________________________

(City)     (State)    (Zip)

___________________________________________________________

Signature of Card Holder_____________________________________________________

If you need a transaction receipt, please provide an email address.

_______________________________________________________