



**Alabama State Board of Pharmacy
New Manufacturer/Wholesale
Distributor of Oxygen
Application**

Date Received

Office Use Only

- Follow all instructions and include all required supporting documents on the checklist. The application and all supporting documents **must be submitted as one complete submission**. **Application fees are non-refundable.**
- An application **must be signed by the owner, officer, or CEO only**. Power of Attorney's will not be accepted. **All signatures must be less than 90 days old at time of submission.**
- Print single sided pages only. No double-sided applications will be accepted.
- All required forms must be provided for each submission. Documents will not be pulled from other applications.
- 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.
- If you have additional questions regarding the application process please review the **Facility Application FAQ's** on our website <https://www.albop.com> .

**Mail Completed Applications to:
Alabama Board of Pharmacy
111 Village Street
Birmingham, AL 35242**

I. Check List

All applicants must complete and submit the following documents:

- Completed New Manufacturer/Wholesale Distributor of Oxygen Application**
- Check made payable to: Alabama State Board of Pharmacy (Application fees are non-refundable)**
 - New Permit Fee \$750
- Proof of entity (foreign or domestic) registration with the Alabama Secretary of State. www.sos.state.al.us**
- Facility Designated Representative**
 - See a full list of requirements under Alabama Administrative Code 680-x-2-.23(h).
 - This person must be a U.S. Citizen or legally present in the United States with appropriate documentation for the Federal Government.
 - An **Individual History Affidavit Form** must be completed for this person.
- Copy of Home State License (*Not required for in state applicants*)**
 - This must be a copy of the actual certificate.
 - If your state does not require your facility to have a license, provide proof of exemption.
- Verification of the Home State License (*Not required for in state applicants*)**
 - 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.
- Proof of registration with the Food and Drug Administration**
 - Manufacturers of oxygen must be reporting to the FDA Drug Establishments Current Registration Site and provide their FDA EIN.
 - If you are wholesale distribution only there is currently no FDA requirement.
- Ownership Organizational Chart**
 - Chart must show the legal business entities from the ultimate parent company down to and including the applicant and must include the legal business name, trade name, tax identification (if US company) and type of ownership for each entity on the chart. Chart must include all owner's name with a 10% or greater ownership interest in a non-publicly traded company.
- 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:

Individual Owner

Individual History Affidavit Forms

Complete one form for Owner listed in section 3 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business.

Partnership

Individual History Affidavit Forms

Complete one form for each Partner listed in section 3 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business.

Corporation

Individual History Affidavit Forms

Complete one form for each owner, officer, stockholder, and executive officer listed in section 3 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 3 of the application.

Publicly Traded Corporation

Individual History Affidavit Forms

Complete one form for each executive officer listed in section 3 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 3 of the application.

Limited Liability Company

Individual History Affidavit Forms

Complete one form for each member, manager, executive officer, or any person listed in section 3 of the application.

Business History Affidavit Forms

Complete one form for the Applicant Business and any Entity Owner listed in section 3 of the application.



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1. Applicant Business Details

Name of Business:			
All other trade or business names ("DBA" names) used by applicant:			
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)
Telephone Number for Business:		Federal Employer Identification Number/TIN:	

Hours of Operations

Monday – Friday	Saturday	Sunday
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2. Facility Designated Representative: (requirements are listed on the checklist)

Name		Date of Birth	Social Security Number
Title		Email	
Phone Number		Home Address: <i>Number and Street</i>	
City	State	Zip	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Ownership: Ownership details must be provided for the applicant business. Include the details for the parent level ownership.

Type of Ownership:

<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Not publicly traded) <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Limited Liability Company
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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.

Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Authorized Contact Person	Authorized Contact Phone Number:		

Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Authorized Contact Person		Authorized Contact Phone Number:	

Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Authorized Contact Person		Authorized Contact Phone Number:	

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.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address	% of Ownership	

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address	% of Ownership	

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address	% of Ownership	

Executive Officer(s):

Complete the details for each executive officer for the business. At a minimum you must include the top 3 officers.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

In signing, the MANUFACTURER/WHOLESALE DISTRIBUTOR OF OXYGEN 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.

Signature of Owner, Officer, or CEO only

Title

Printed Name

Date

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)



Manufacturer/Wholesale Distributor of Oxygen Operational Information

Date Received
Office Use Only

1. FDA Establishment Identification Number _____ or Wholesale Distribution Only

2. The applicant business provides oxygen to:

- Community pharmacies Hospitals Wholesale Distributors Licensed Medical Providers Office
 Repackagers Other: _____



INDIVIDUAL HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Name: First MI LAST			Date of Birth:
Social Security Number:	Telephone Number:	Email Address:	
Home Address: Number and Street		City	State Zip

Position with Business: (Check all that apply)

Owner
 Partner
 Officer
 Stockholder
 Member
 Designated Representative

Other: Specify _____

1.	Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever had any action against your personal professional or vocational license (Pharmacist, Physician, Dentist, etc) that resulted in any disciplinary action such as suspension, probation, or revocation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever owned or now own in whole or part any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity or charged and/or convicted of any felony or misdemeanor excluding minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever withdrawn an application for a permit or surrendered license once issued to any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever owned in whole or in part or now own any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been issued a license to practice pharmacy or as a pharmacy technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has an FDA 483 or Warning Letter ever been issued to any entity in which you have been or are currently involved/affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has any final judgement 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 by you or any entity that you have been an Owner, Officer, Member, Director, or Partner thereof?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)



Application Contact Person

Date Received
Office Use Only

Applicant Business Information

Name of Business:			
Address of Business: Number and Street	City	State	Zip Code

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

Name:	Telephone Number:		
Company Name:			
Business Mailing Address: Number and Street	City	State	Zip Code
Email Address:			

Signature Owner, Officer, or CEO only

Title

Printed Name

Date

We recommend adding kpickett@albop.com and sgamble@albop.com to your email contact list to help prevent missing important correspondence.



NEW BUSINESS HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Applicant Business Business Entity Owner

Name:				FEIN/TIN#	
Address: <i>Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>		

1.	Has this entity or any Owner, Officer, Member, Director, Manager or Partner thereof been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has this entity ever owned or now own in whole or part any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity or charged and/or convicted of any felony or misdemeanor (excluding minor traffic violations that do not include drugs or alcohol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has this entity ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503 outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has this entity ever withdrawn an application for a permit or surrendered a license once issued to any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has this entity ever owned in whole or in part or now own any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has an FDA 483 or Warning Letter ever been issued to Applicant or to any entity in which any Owner, Officer, Member, Director, Manager, or Partner of the Applicant has been or is currently involved/affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has any final judgement 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 by the Applicant or any Owner, Officer, Member, Director, Manager or Partner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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 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