



## HOSPITAL PHARMACY LICENSE APPLICATION INSTRUCTIONS Inpatient, Outpatient, Exempt (100 beds or fewer)

**IMPORTANT: Follow these instructions completely.** A checklist is provided with these instructions. The Board encourages the use of the checklist to assist with the application process. If the number of forms included in this application is insufficient, print additional copies. Allow approximately 45 days from the date your application is received by the Board before checking on the status. The contact person(s) designated on the application will be advised if additional information is necessary. Incomplete or redacted copies of supporting documents will not be accepted.

**California Business and Professions Code (BPC) section 4035 defines “person” to include, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.**

**Wherever the term “person” is used in these instructions, the Hospital Pharmacy License Application, the Ownership Information form, or any affidavit submitted in support of a Hospital Pharmacy License Application, such term shall mean “person” as defined in BPC section 4035.**

BPC section 4201(a) states: “If the applicant is other than a natural person, the application shall state the information as to each person beneficially interested therein or any person with management or control over the license.”

BPC section 4201(b) states that the term “person beneficially interested” means and includes:

- If the applicant is a partnership or other unincorporated association, each partner or member.
- If the applicant is a corporation, each of its officers, directors, and stockholders, provided that a natural person shall not be deemed to be beneficially interested in a nonprofit corporation.
- If the applicant is a limited liability company, each officer, manager, or member.

Wherever the term “person beneficially interested” is used in these instructions, the Hospital Pharmacy License Application, the Ownership Information form, or any affidavit submitted in support of a Hospital Pharmacy License Application, such term shall have the meaning set forth in BPC section 4201(b).

The application shall provide information to identify the ownership of the applicant business. This may include multiple levels of ownership. The Board may require additional documentation to confirm or substantiate any information provided in the application, including, without limitation, the reported ownership structure.

**SIGNATURES:** Any time a signature is required, it must be an original dated signature or a digital signature that complies with the [Board’s Digital Signatures Policy Statement](#) located on the Board’s website. All documents with digital signatures shall be emailed to the Board.

**WHEN SUBMITTING DOCUMENTS TO THE BOARD, KEEP A COPY FOR YOUR RECORDS.**

## SECTION A. FEE(S): ALL APPLICANTS

### ☐ APPLICATION FEE: \$750

Include a check or money order made payable to the California State Board of Pharmacy. This fee is nonrefundable.

#### **Optional: Temporary Pharmacy License Fee: \$1,600**

To request a temporary pharmacy license pursuant to BPC section 4110(b), submit the temporary pharmacy license fee in addition to the primary application fee. **NOTE: Temporary licenses may be issued by the Board in its discretion, upon such conditions and for such periods of time, not to exceed 180 days, as the Board determines to be in the public interest. The temporary pharmacy license fee is nonrefundable once the application has been reviewed.**

- If other than a change of ownership and/or location, **include a written letter signed by the owner, partner, officer, member, etc., that clearly explains why a temporary license is needed to protect public safety.**

### ☐ FINGERPRINT CARD FEE(S): \$49 per natural person, if applicable

Reference Section D for the fingerprint requirements. If submitting fingerprint card fee(s) for natural person(s) listed on the application, include the fingerprint card fee for each natural person with the application fee or submit a separate check for the fingerprint card fee(s) made payable to the California State Board of Pharmacy.

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## SECTION B. HOSPITAL PHARMACY LICENSE APPLICATION (17A-19): ALL APPLICANTS

### **ITEMS LISTED IN THIS SECTION ARE REQUIRED TO BE SUBMITTED WITH EACH PHARMACY LICENSE APPLICATION**

- ☐ **HOSPITAL PHARMACY LICENSE APPLICATION (17A-19 rev 4/2025):** Complete the entire application and submit with original signatures or email with digital signatures that meet the [Board's Digital Signatures Policy Statement](#). If an item or question is not applicable, indicate N/A. If the application is submitted via email with digital signatures, send the application fee(s) by mail accompanied by a printout of page 1 of the completed application, so that the Board can associate the fee(s) with the correct application. An application will not be processed until both the application and the appropriate fee(s) have been received.

The following items numbered below correspond to the numbered sections on the Hospital Pharmacy License Application (17A-19 rev 4/2025.)

#### **1. Applicant Information:**

- **Item 1A:** If using a fictitious business name, list the Doing Business As (DBA) name in item 1A of the application. The name must match the California Department of Public Health (CDPH) General Acute Care Hospital (GACH) license.
- **Item 1B:** List the legal entity/business name in item 1B.

#### **2. Type of Application:** Identify the type of application and include the anticipated opening, change of ownership, or move date, as applicable. If requesting a temporary license, submit the required fee.

3. **Type of Ownership:** Identify the ownership type of the business entity listed in item 1B. Include a business ownership organizational structure/chart that clearly documents the applicant's ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with management or control. If submitting a change of ownership application, include **both** the pre- and post-closing organizational structures.
4. **Type of Pharmacy Services to be Provided:** Identify **all** pharmacy services that will be provided by the pharmacy.
5. **Pharmacist-in-Charge (PIC): EFFECTIVE APRIL 1, 2025**, pursuant to California Code of Regulations (CCR), title 16, section 1709.1, the proposed PIC is required to complete the [Board's Pharmacist-in-Charge Overview and Responsibility Training Course](#), available on the Board's website, within two years prior to the date of application to serve as a the PIC.
  - The proposed PIC must complete, sign, and date Section 5 of the license application and complete the attestation of completing the PIC Overview and Responsibility Training Course.
6. **Contact Person:** The individuals listed in this section will be authorized for the Board to correspond and communicate with regarding the application.
  - List in 6A the individual who is the authorized contact person.
  - List in 6B an owner/officer of the applicant identified in Section 14 and/or 15 of the application.
  - Identify in 6C if the Board is authorized to communicate the status of the application to the proposed PIC.
  - **Change of Ownership Only:** Identify in 6D if the Board is authorized to communicate the status of the application with the current owner on record.

**Note:** If additional individuals need to be included in the Board's correspondence, submit a completed Authorization to Release Applicant Information form (see page 9 of the application) signed by an owner/officer of the applicant identified in Section 14 and/or 15 of the application.

7. **Change of Ownership or Location:** If applicable, provide the current licensee information that will be changing ownership or location. Answer questions 7A-E.

**NOTE:** A hospital pharmacy license is nontransferable from one owner or location to another. Any transfer of a beneficial interest in a business entity licensed by the Board, in a single transaction or in a series of transactions, to any person, which transfer results in the transferee's holding 50% or more of the beneficial interest in that license, constitutes a change of ownership. Change of ownership/change of location applicants must apply to the Board **prior** to the proposed change of ownership transaction/change of location taking place. If the change of ownership and/or change of location application is approved by the Board, a new license number will be issued. Operating the facility prior to a new license being issued is unlicensed activity and may result in denial or disciplinary action by the Board.

**Change Of Ownership Documentation:** Submit the following with the Hospital Pharmacy License Application:

- **Organizational Chart:** Include **both** the pre- and post-closing organizational structure charts.
- **Seller's Certification (17A-8):** The Seller's Certification must be signed by an owner/officer listed on the current license.

- **Proposed Purchase/Asset Agreement:** Provide an unredacted copy of the complete, proposed purchase/asset agreement signed by all parties.
- **Closing Documents:** If the change of ownership application is approved by the Board, prior to the issuance of the new hospital pharmacy license, the applicant will receive a request for a copy of the final sale/closing documentation referenced in the executed purchase agreement and will be required to submit documentation that the transaction has closed.

**Change of Location:** All required documents outlined in these instructions are required for a change of location.

**8. Exempt Hospital Only (100 beds or less):** Complete this section if applicable.

- List the number of patient beds in the hospital.
- Identify if the hospital employs a full-time pharmacist. If yes, apply as an inpatient hospital pharmacy
- Identify the Medical Director. This Medical Director must complete an Individual Background Affidavit.
- Identify the Administrator. This Administrator must complete an Individual Background Affidavit.

**9. Pharmacy Premises:** Identify whether the pharmacy location is rented or owned.

- Submit a copy of the signed lease agreement, including any amendments and/or extensions thereto, or a copy of the grant deed.

**10. Hospital Pharmacy Management Agreement:** Report the management company information if the pharmacy services will be managed by a person other than the direct owner of the hospital.

- Provide a copy of the executed management agreement.

**11. Hospital Pharmacy Business Operation | General Acute Care Hospital License:**

- Submit a copy of the California Department of Public Health (CDPH) General Acute Care Hospital (GACH) license. If not currently licensed by CDPH, provide a copy of the application submitted to CDPH along with evidence the application was received by CDPH.
- Identify where the pharmacy is located.
- Identify if the hospital pharmacy was qualified as a Knox Keene provider before August 1, 1981. Provide a copy of the current from the California Department of Managed Health Care (DMHC).

**12. Drugs Stored:** Check all that apply in the hospital where drugs are stored.

**13. Drug Wholesale Provider/Prime Vendor Information:** Report in **Section 13** the source(s) of your dangerous drugs and devices.

- Submit a complete, unredacted copy of the approved wholesale credit application/agreement signed by a representative of the wholesaler that will be providing dangerous drugs and/or devices to be dispensed by the pharmacy.
- If the pharmacy does not utilize a wholesaler agreement, submit a complete, unredacted copy of the approved prime vendor agreement with all attachments, including a list of the pharmacies and addresses covered by the agreement.

**Note:** If the signatory on the wholesaler agreement is not an owner or officer disclosed as part of this application, include documentation as to the signatory's authority to act on behalf of the applicant in securing the wholesaler agreement.

**14. Officer(s)/Director(s)/ Manager(s)/Trustee(s)/Administrator(s) etc.:** Report in **Section 14** the name(s) and **ALL** title(s) if serving in more than one capacity of the officer(s), director(s), manager(s), trustee(s), and administrator(s) in the case of government-owned applicants of, and any other person(s) with fiduciary AND/OR management responsibility for the applicant named in item 1B, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed have beneficial interest in addition to fiduciary AND/OR management responsibility they will be listed in both Sections 14 and 15 of the application.)

- **Individual Personal Affidavit (17A-27):** Each natural person listed in Section 14 is required to complete and submit this form and comply with the fingerprint requirements provided in Section D.
- **Ownership Information (17A-33) (entities only):** Complete an Ownership Information form for each person (other than a natural person), – e.g. General Partner with management and control and submit the required supporting business documents as referenced in **Section C** of these instructions.

**Guidance list of natural person(s) to be reported based on applicant’s ownership type:**

- **Individual Owner:** Natural Person Owner.
- **Partnership:** All natural persons and/or entity(ies) listed in the partnership agreement.
- **Corporation (including nonprofit corporations):**
  - All officers including the required officers as set forth in the corporate bylaws/governing documents.
  - All directors of the corporation.
  - If the officer(s) and director(s) exceed five, list the Top Five for both the officers and directors on the application and provide a list identifying all officer(s) and director(s) of the corporation.
- **Limited Liability Company:** Each natural person(s) identified as a manager and any officer(s) if appointed by the member/manager pursuant to the applicant’s operating agreement/limited liability company agreement.
- **Trust:** All natural person(s) identified as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust.
- **Government Owned:** The director, administrator, warden, or health care chief executive officer (Correctional Pharmacy), and/or medical director (Correctional Pharmacy).
- **Native American Owned:** List the members of the Tribal Council and the administrator/CEO

**15. Applicant Ownership Information: (Note: This section is NOT required for government or tribal owned.)**

Report in **Section 15** all persons (natural person(s) and/or entity(ies)) with an ownership/beneficial interest in the applicant named in **Item 1B** of the application. (i.e. shareholder(s), member(s), partner(s), etc.) This includes identification of the beneficiary(ies) of a trust. List the five person(s) with the largest percentages of interest in the ownership in the applicant named in item 1B of this application.

- If the applicant named in Item 1B of the application is a partnership or other unincorporated association, a limited liability company, or a corporation, report on the application the five partners, members, and/or stockholders who own the five largest interests in the applicant.
- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other persons beneficially interested.

**NOTE:** The information provided shall account for 100-percent of the ownership interests in the person listed in Item 1B of the application. Upon request by the Board, the applicant shall furnish the Board with additional information as to all “person(s)” not listed in Section 15 of the application or shall refer the Board to an appropriate source of that information.

**Submit the following in support of the application.** (Note: If the natural person(s) or entity(ies) have beneficial interest in addition to fiduciary AND/OR management responsibility they will be listed in both Sections 14 and 15.)

- A. **Individual Personal Affidavit (17A-27):** Each natural person listed in Section 15 is required to complete and submit this form and comply with the fingerprint requirements provided in Section D, if not listed in Section 14.
- B. **Individual Financial Affidavit (17A-26):** Each natural person(s) listed in Section 15 is required to complete and submit this form. (Not required for nonprofit corporations.)
- C. **Ownership Information (17A-33) (entities only):** Submit an Ownership Information form for each person(s) listed in Section 15 in the applicant’s ownership structure (*i.e.*, all direct and indirect owners at all levels) with 10 percent or more beneficial interest and submit the required supporting business documents as referenced in **Section C** of these instructions.
  - **Supporting Ownership Documents:** Reference **Section C** of these instructions below for the required supporting documents to be included with the Ownership Information form.

**16. Disciplinary Questions:** Answer all questions in **Section 16** and, if applicable, provide the requested information to all questions answered Yes.

**17. Advisements and Affidavit. Must be signed as instructed in A or B.**

A. All natural person(s) listed in Section 14 and/or 15 of the application must sign.

**OR**

B. If the applicant is other than a natural person (*i.e.*, if the applicant is a legal entity such as a corporation, partnership, LLC, government entity, etc.), the application must be signed by one or more individual(s) listed in Section 14 who have been duly authorized by a formal resolution or consent of the entity to execute and submit the application on behalf of the entity.

**NOTE:** A copy of the formal, signed resolution or consent **MUST** be included with this application or all natural person(s) must sign as specified in A above.

**ADDITIONAL DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF THE HOSPITAL PHARMACY LICENSE APPLICATION 17A-19.**

- Business Ownership Organizational Structure/Chart:** (Reference exemplar charts at the end of the application instructions for different types of entities.) Include a business ownership organizational structure/chart that clearly documents the applicant’s ownership structure. Include in each level of ownership (1) the corresponding percentage of ownership held by all persons and (2) any person(s) with management or control. If submitting a change of ownership application, include **both** the pre- and post-closing organizational structures.

- Supporting Ownership Documents:** (Not required for change of location application. **NOTE:** These items or a statement may be requested to meet the current licensure requirements at time of application.)
    - Reference **Section C** below for the required supporting documents to be included with the application for the **applicant listed in Item 1B** of the application.
  
  - Financial Affidavit in Support of Application (17A-2):** (*Not required for government, tribal owned or change of locations.*) This form is required to be submitted to provide the funding source information for the applicant, and should be signed by the same individual(s) executing the Hospital Pharmacy License Application.
    - **Bank Statements: See form (17A-2) for specific instructions on what to provide.**
  
  - Ownership Information Form (17A-33) (entities only):** This form is required to be submitted for each person (other than a natural person) listed in **Section 15** of the Hospital Pharmacy License Application **and** for all additional levels of ownership beneficially interested therein or any person (other than a natural person) with management or control over the license. Include with each Ownership Information form a copy of the appropriate supporting documents as identified for the respective business type listed in **Section C** below.
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## SECTION C. SUPPORTING BUSINESS DOCUMENTS/REPORTING REQUIREMENTS

**APPLICANT NAMED IN SECTION 1B | Submit a current copy of the California Secretary of State Filings (C2, C3, C4, C5 and C6):** If the applicant named in **Section 1B** of the application is a corporation, limited liability company or limited partnership incorporated, registered, formed or organized outside of California, submit the following in addition to all other supporting documents. For more information, go to [http://www.sos.ca.gov/business/corp/pdf/so/corp\\_so350.pdf](http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf).

- Registration:** Submit a copy of the Registration – Out-of-State LLC, or Registration – Out-of-State LP, or Registration – Out-of-State Corporation bearing the California Secretary of State’s stamp (proof of filing).
- Statement of Information:** Submit a copy of the current Statement of Information bearing the California Secretary of State’s stamp (proof of filing) that discloses the current officers on file for the entity.

### C1 INDIVIDUALLY OWNED

- Business License** Submit a copy of the approved city or county business license filing.

### C2 LIMITED PARTNERSHIP

- Certificate of Limited Partnership:** Submit a copy of the Certificate of Limited Partnership or like registration and any amendments thereto, filed with the Secretary of State bearing the Secretary of State’s stamp (proof of filing) in the state where registered.
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where registered (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If the limited partnership is formed outside of California, provide a Certificate of Good Standing from the Secretary of State where registered.
- Partnership Agreement:** Provide a complete, unredacted copy of the executed partnership agreement and any amendments thereto, with all exhibits and attachments referenced therein.
- Identify Natural Person(s)** with management and control of the corporation on the license application and/or ownership form (17A-33).

### **C3 CORPORATION (NOT PUBLICLY TRADED)**

- Articles of Incorporation:** Submit a copy of the Articles of Incorporation and any amendments thereto, filed with the Secretary of State where incorporated bearing the Secretary of State's stamp (proof of filing).
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where incorporated (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If incorporated outside of California, provide a Certificate of Good Standing from the Secretary of State where incorporated.
- Bylaws:** Provide a complete, unredacted copy of the corporate bylaws and any amendments thereto, with all exhibits, schedules and attachments referenced therein.
- Stock Ledger and Stock Certificates:** Provide a copy of the stock ledger and copies of each stock certificate, front and back (this includes cancelled stock certificates). If stock certificates are not issued, provide a statement that states as such signed by an officer listed on the application.
- Identify Natural Person(s)** with management and control of the corporation on the license application and/or ownership form (17A-33).

### **C4 NON-PROFIT CORPORATION**

- Articles of Incorporation:** Submit a copy of the Articles of Incorporation and any amendments thereto, filed with the Secretary of State where incorporated bearing the Secretary of State's stamp (proof of filing).
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where incorporated (showing proof of filing) that discloses the current officers on file for the entity.
- Evidence of Good Standing:** If incorporated outside of California, provide a Certificate of Good Standing from the Secretary of State where incorporated.
- Bylaws:** Provide a complete, unredacted copy of the corporate bylaws and any amendments thereto, with all exhibits, schedules and attachments referenced therein.
- Tax-Exempt Status:** Provide evidence of tax-exempt status, such as IRS letter.
- Identify Natural Person(s)** with management and control of the corporation on the license application and/or ownership form (17A-33).

### **C5 PUBLICLY TRADED CORPORATION**

- 10K Filing:** Include a copy of the top sheet of the last 10K filed with the US Securities and Exchange Commission that identifies the CIK filing number, and submit copies of any item, exhibit or schedule that lists the executive officers, directors, subsidiaries, Bylaws and Articles of Incorporation.
- Submit a list** of the five largest shareholders that own ten percent or more of stock. If no shareholder holds ten percent or more of stock, provide a statement signed and dated by an authorized officer of the corporation.
- Identify Natural Person(s)** with management and control of the corporation on the license application and/or ownership form (17A-33).

### **C6 LIMITED LIABILITY COMPANY**

- Articles of Organization:** Submit a copy of the Certificate of Formation or Registration or Articles of Organization, and any amendments thereto, filed with the Secretary of State where organized, formed or registered bearing the Secretary of State's stamp (proof of filing).
- Filing / Officers:** Submit a copy of the current filing with the Secretary of State where organized, formed or registered (showing proof of filing) that discloses the current officers on file for the entity.



- Evidence of Good Standing:** If registered, formed or organized outside of California, provide a Certificate of Good Standing from the Secretary of State where registered, formed or organized.
- Operating Agreement:** Provide a current unredacted copy of the current operating agreement/limited liability company agreement, including all exhibits and/or schedules.
- Identify** all members and manager(s), and any officers if appointed by the member/manager pursuant to the operating agreement/limited liability company agreement on the license application and/or ownership form (17A-33).

**C7 TRUST – Required documents per California Code of Regulations, title 16, section 1709(d).**

1. **Trust Document:** Provide a complete unredacted copy of, and any amendments to, the trust document. A trust document and any related amendments shall be considered confidential financial documents by the Board.
2. **A list of the beneficiary(ies)** age 18 or older, including name, address, phone number, and email address. Where the beneficiary is under age 18, the guardian of the beneficiary(ies) shall be identified.
3. **Identify all Natural Person(s)** listed as the grantor(s), settlor(s), trustee(s), and/or trust protector(s) of the trust with their name, address, phone number, and any email address on the license application and/or ownership form (17A-33).

**C8 GOVERNMENT OWNED (CITY, STATE, AND COUNTY)**

- Letter of Verification:** Submit a letter of verification on letterhead from the county public health department, health district, or the board of supervisors indicating that the facility is government owned.
- Professional Director:** Submit a statement on letterhead signed by the appropriate governing authority indicating the name of the professional director or responsible party for the pharmacy operation.
- Organizational Structure:** Provide an organizational chart that clearly identifies the administrator or the person responsible for the operations of the pharmacy within the government agency.

**C9 NATIVE AMERICAN**

- Copies of official documents** from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
- Provide a copy** of the constitution and bylaws establishing the tribal council that will be the governing entity of the pharmacy.
- Provide a List of** the members of the Tribal council and the administrator/CEO.

**C10 NON-NATIVE AMERICAN OWNED OPERATING ON TRIBAL LANDS**

- Official Business Documents:** A copy of the business documents filed with the Native American tribe. (Reference the type of business entity in **Section C** for the business documents to provide.)
- Statement of Information/Verification:** Provide a letter endorsed by the Native American Tribe.
- Copies of official documents** from the U.S. Department of Interior, Bureau of Indian Affairs, identifying the official tribe.
- Provide a copy** of the constitution and bylaws of the tribal council that will be the governing entity of the pharmacy.
- Submit documents** describing the agreement(s) with the Native American tribal council to operate the pharmacy on tribal land.
- List the appropriate natural person(s)** with management and control of the pharmacy business.

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## SECTION D. FINGERPRINT REQUIREMENTS - ALL APPLICANTS

Each **Natural Person(s)** who is required to complete an Individual Personal Affidavit in Sections 14 and 15 listed on the Hospital Pharmacy License Application (as identified in the application instructions) is required to complete Live Scan fingerprinting or submit Board-approved fingerprint cards and the fingerprint processing fee. If a person is currently associated with an active pharmacy license and has electronic fingerprints on file with the California State Board of Pharmacy, new fingerprints may not be required.

**FINGERPRINT INSTRUCTIONS:** Complete and attach **ONE** of the following (either A or B):

- California residents must use Live Scan. Use the Request For Live Scan Service form at the end of the application packet, which provides the Live Scan operator with the board's agency information.
- A Live Scan site may charge a separate processing fee.
- Nonresidents can visit California to complete a Live Scan OR they must submit fingerprints professionally rolled on cards supplied by the Board.
- A nonresident that submits fingerprint cards must include the \$49 fingerprint card processing fee (per person).
- The Board accepts fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

**A. California Resident:** Attach a copy of the completed Live Scan receipt.

- The receipt verifies that the individual being fingerprinted has completed the Live Scan process and provides tracking information for the Live Scan submission. It is the responsibility of the individual being fingerprinted to verify that all personal information entered by the Live Scan operator is correct prior to the operator's submission. The Board of Pharmacy will not accept clearances by the DOJ/FBI if the personal information is incorrect. Receipt of incorrect information by the DOJ/FBI will result in the individual having to complete a new Live Scan.
- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>.
- The individual being fingerprinted must ensure the following information is correct when completing the Live Scan:
  - **Type of License/Certification/Permit or Working Title:** Pharmacy – Section 4201
  - **Full Name:** Must be EXACTLY THE SAME as the individual's name on their state-issued driver's license or state-issued identification card. (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the individual's name on the application.
  - **Date of Birth:** Do not omit. If left blank, the individual may have to reprint.
  - **Social Security Number (SSN):** Do not omit. If left blank, the individual may have to reprint.
  - **Level of Service:** Must include both DOJ and FBI.

**B. Non-California Resident:** The individual being fingerprinted may visit California and complete Live Scan. If the individual cannot complete the Live Scan, **two (2) rolled fingerprint cards** must be submitted with the application.

- Only fingerprint cards provided by the Board will be accepted.
- Request fingerprint cards through the Board's online services at [https://www.dca.ca.gov/webapps/pharmacy/pubs\\_request.php](https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php) or via email to [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).
- Fee: Include a fingerprint card processing fee of \$49 for each individual being fingerprinted (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for the application processing fee(s) and the fingerprint card processing fee(s) together.
- The fingerprint card(s) must be completed in black ink.

- Print legibly or type all personal information on the fingerprint cards. If the personal information of the fingerprinted individual is not legible and DOJ enters the information incorrectly, the individual will have to submit new fingerprint cards and pay the \$49 fee again. DOJ will NOT correct print results due to illegible fingerprint cards. The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (*e.g.*, law enforcement agency) in the state the services are rendered.
  - Fingerprint results from cards take approximately six weeks for the Board to receive a response from the DOJ/FBI.
  - Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required to be submitted. This is why two (2) rolled fingerprint cards must be submitted for each individual, along with the required \$49 processing fee.
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## **SECTION E. LIST OF COMMON DEFICIENCIES**

The following are examples of common deficiencies observed by the Board, which can lead to delays in application processing and, if not timely corrected, can result in the application being deemed to have been abandoned. The Board encourages all applicants to review and avoid these common mistakes.

- Missing fees.
- Incomplete application or forms.
- Missing supporting documentation for the applicant and/or owners in the applicant's ownership hierarchy.
- Supporting documents do not reflect or support the information reported on the application or Ownership Information form(s).
- Submission of redacted documents.
- Signatures are not original or do not comply with the Board's Digital Signature Policy.
- Date in signature block is left blank.
- Failure to disclose all direct and indirect owners.
- Failure to submit deficiency items with a copy of the deficiency notice when mailing items to the Board.
- Using any writing implement other than a blue or black ink pen or typing the application.
- Incomplete fingerprint cards or not submitting a copy of the completed LiveScan form when fingerprinted in California for each individual listed on the application.

# SAMPLE APPLICATION BUSINESS REQUIREMENTS

## Y Pharmacy LLC dba BEST PHARMACY

### Applicant Business

Y Pharmacy LLC

DBA Pharmacy Y

- **17A-4 Complete Pharmacy Application & Fee(s)**
  - **DBA BEST PHARMACY – Item 1A of Application (Name listed on License)**
    - Requires a Fictitious Business Name Statement to be submitted.
  - **Y Pharmacy LLC - Item 1B of Application (Legal Name of Limited Liability Company)**
- **Submit a Business Ownership Organizational Structure Chart**
- **17A-4 Pharmacy Application Item 12** – Reference the Application Instructions for guidance on person(s) to report.
- **17A-4 Pharmacy Application Item 13** - Reference the Application Instructions for guidance reporting beneficial interest.
- **Individual Personal Affidavit (17A-27):** Each individual listed in Section 12 and/or 13 of the application is required to complete and submit this form.
- **Individual Financial Affidavit (17A-26):** Each person listed in Section 13 is required to complete and submit this form. (Not required for nonprofit corporations.)
- **Ownership Information (17A-33):** Complete an Ownership Information form for each owner (other than a natural person) in the applicant's ownership hierarchy (*i.e.*, all direct and indirect owners at all levels) and submit the required supporting business documents as referenced in **Section C** of the application instructions.
- **Supporting Ownership Documents:** Reference **Section C** of the application instructions for the required supporting documents to be included with the application for the applicant named in item **1B** of the application.
- **Financial Affidavit in Support of Application (17A-2):** (*Not required for government or tribal owned.*) This form is required to be submitted to provide the funding source information for the applicant, and should be signed by the same individual(s) executing the Community Pharmacy License Application.
  - Submit copies of financial documents as referenced in the application instructions.
- **Submit a copy of the Drug Wholesale Provider/Prime Vendor Information.**
- **Submit a copy of the signed lease agreement, including any amendments and/or extensions thereto, or a copy of the grant deed.**

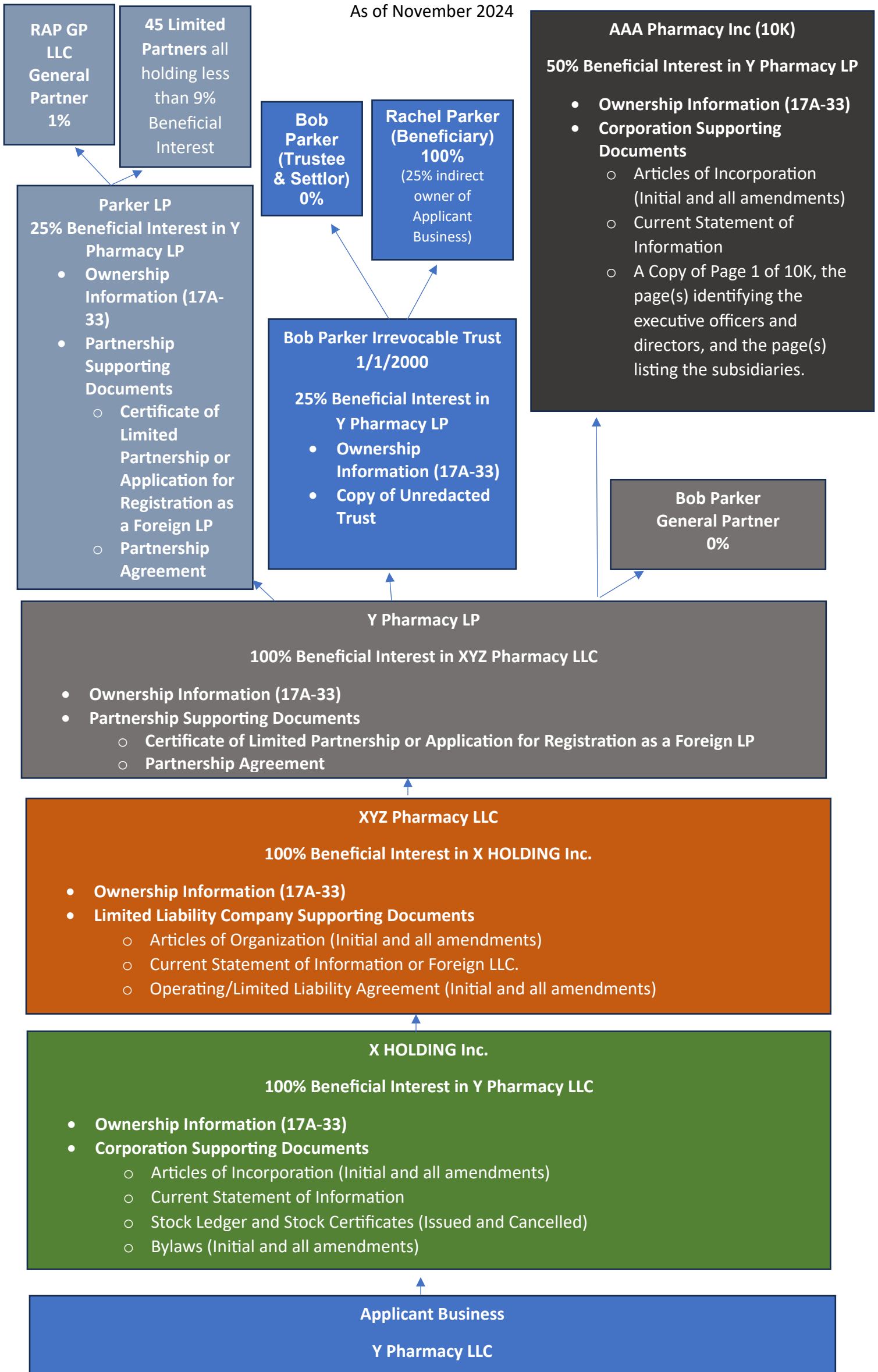
**SAMPLE APPLICANT BUSINESS ORGANIZATIONA CHART**  
**Y Pharmacy LLC dba BEST PHARMACY**



# SAMPLE ORGANIZATIONAL CHART

## Y Pharmacy LLC – Applicant Business

As of November 2024





**California State Board of Pharmacy**  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833  
 Phone: (916) 518-3100 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



**HOSPITAL PHARMACY LICENSE APPLICATION**

Inpatient, Outpatient, Exempt Hospital (100 beds or less)

**Read the application instructions prior to completing the application.** The applicant hospital pharmacy shall not conduct business in California unless and until a license is issued by the California State Board of Pharmacy. The information requested on this application is used to determine qualifications for licensure of a pharmacy under California Pharmacy Law. Failure to provide the requested information may result in the application being considered incomplete. **Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.**

**1. APPLICANT INFORMATION** (License will print only the first 65 characters, including spaces.)

A. \_\_\_\_\_  
 Name to appear on the License, which may be a DBA.

Physical Location \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address of Pharmacy \_\_\_\_\_ Telephone Number of Pharmacy \_\_\_\_\_

B. \_\_\_\_\_  
 Legal Entity/Business Name \_\_\_\_\_ FEIN# \_\_\_\_\_

Legal Entity Business Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Legal Entity Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**2. TYPE OF APPLICATION**  Request for a Temporary License

**Note:** Temporary Pharmacy License Fee Must Be Included.

New Pharmacy \_\_\_\_\_ Anticipated Opening Date \_\_\_\_\_  
 Change of Ownership \_\_\_\_\_ Anticipated Change of Ownership Date \_\_\_\_\_  
 Change of Location \_\_\_\_\_ Anticipated Move Date \_\_\_\_\_

**3. TYPE OF OWNERSHIP**

Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Government Owned \_\_\_\_\_  
 Partnership \_\_\_\_\_ Nonprofit Corporation \_\_\_\_\_ Native American Tribe \_\_\_\_\_  
 Limited Liability Company \_\_\_\_\_ Professional Corporation \_\_\_\_\_ Non-Native American Operating on \_\_\_\_\_  
 Trust \_\_\_\_\_ Publicly Traded Corporation \_\_\_\_\_ Tribal Land \_\_\_\_\_

**4. TYPE OF PHARMACY SERVICES TO BE PROVIDED** Check all that apply.

Inpatient  
 Outpatient (Check all that apply)  Retail  Home Health Care  Skilled Nursing Facility  
 Exempt Hospital 100 beds or less (Drug Room)

**For Board Use ONLY**

Date Processed: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Cashiered: \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Issued by: \_\_\_\_\_ Cashiering #: \_\_\_\_\_  
 Amount Received: \_\_\_\_\_

**5. PHARMACIST-IN-CHARGE (PIC) OR CONSULTING PHARMACIST:** List the proposed PIC to serve as the supervisor or manager responsible for ensuring the pharmacy’s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy as well as the pharmacy’s policy and practices. The pharmacist-in-charge (PIC) of a pharmacy shall be employed at that location and shall have responsibility for the daily operation of the pharmacy. Prior to approval of the board, and as part of the application and notice process set forth in Section 1709 of this Division (“application”), a pharmacy shall submit its proposed PIC. The PIC shall have completed the board-provided Pharmacist-in-Charge Overview and Responsibility training course, available on the board’s website, within two years prior to the date of application. The proposed PIC must be approved by the Board.

Pursuant to BPC section 4101(a), any pharmacist-in-charge who ceases to act as the pharmacist-in-charge of a pharmacy shall notify the Board in writing within 30 days of the date of that change in status. The pharmacist may complete this required notification by sending the Board a [Notification of Disassociation as Pharmacist-in-Charge \(PIC\) \(17A-121\)](#) via email to [PICstatus@dca.ca.gov](mailto:PICstatus@dca.ca.gov).

**ATTESTATION STATEMENT OF PROPOSED PIC:**

My name and license number are correctly set forth below. I have read sections 4036.5, 4081, 4113, and 4330 of the Business and Professions Code and California Code of Regulations, title 16, section 1709.1. I completed the [Board’s Pharmacist-in-Charge Overview and Responsibility training course](#) on the date set forth in this section below. I declare under penalty of perjury of the laws of the State of California that all statements and information provided in this attestation statement are true and correct.

List the date the proposed PIC completed the Board’s Pharmacist-in-Charge Overview and Responsibility training course (Month/Day/Year) \_\_\_\_\_\\_\_\_\_\_\\_\_\_\_\_

Printed Name of Proposed PIC	Pharmacist License Number
Email Address	Telephone Number
Original Signature of Proposed PIC	Date

**6. CONTACT PERSON:** The Board will discuss the status of this application ONLY with the authorized individual listed below. An owner/officer listed in Section 14 and/or 15 must also be identified below to be included in **all** communications regarding the application. An authorized owner/officer may designate additional individuals to receive information on this application by submitting an Authorization to Release Applicant Information form (see page 9 of this application).

A. \_\_\_\_\_

Name of Authorized Contact Person	Telephone Number	Email Address
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B. \_\_\_\_\_

Owner/Officer Named in Section 14 and/or 15	Telephone Number	Email Address
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C. **Is the proposed PIC listed in Section 5 of this application authorized as a contact person with this application?**  
 \_\_\_ Yes \_\_\_ No    If Yes, be advised the PIC will be authorized to receive all status communication.



D. **Change of Ownership ONLY:** The Board will discuss the status of this change of ownership application ONLY with the individual(s) listed in Section 6 A and B above. Check “yes” or “no” below to indicate whether the Board is also authorized to communicate the status of this change of ownership application with the current owner on record for this pharmacy (*i.e.*, the seller/transferor in the change of ownership transaction).

**Yes**  **No** **If Yes,** list the name of the person the Board is authorized to communicate with and submit a completed Authorization to Release Applicant Information (see page 9 of this application) signed by an individual listed in Item 14 or 15 of this application. **NOTE: The person named below must be listed on the current license.**

---

Name \_\_\_\_\_

**7. CHANGE OF OWNERSHIP OR LOCATION:** Provide the exact name, address, and license number as listed on the current hospital pharmacy license.

A. \_\_\_\_\_  
 Name listed on the Current Hospital Pharmacy License

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Physical Location	Street	City	State	Zip Code
-------------------	--------	------	-------	----------

---

Current Hospital Pharmacy License Number \_\_\_\_\_ Expiration Date of License \_\_\_\_\_

B. Does this hospital pharmacy have an approved off-site storage waiver?  
 **Yes**  **No** **If Yes,** visit the Board’s website to submit a new off-site storage waiver request.

C. Is this hospital pharmacy currently responsible for any Automated Drug Delivery System(s) (ADDS) not under the exempt provision in law?  
 **Yes**  **No** **If Yes,** list the ADDS license number(s) and visit the Board’s website for the ADDS applications and requirements. \_\_\_\_\_

D. Does the current hospital pharmacy have sterile compounding and/or hospital satellite sterile compounding license(s)?  
 **Yes**  **No** **If Yes,** list the license numbers(s) \_\_\_\_\_  
**If Yes,** will new sterile compounding and/or hospital satellite sterile compounding license(s) be requested?  
 **Yes**  **No**  
**If Yes,** is the sterile compounding and/or hospital satellite sterile compounding application(s) being submitted along with this application?  
 **Yes**  **No**  
**If No,** visit the Board’s website for the application.

**8. EXEMPT HOSPITAL ONLY (100 BEDS OR LESS)**

- A. Number of Beds \_\_\_\_\_
- B. Does the hospital employ a full-time pharmacist?  
 **Yes**  **No** **If Yes,** you must apply as an inpatient hospital pharmacy.
- C. Name of Medical Director \_\_\_\_\_ License Number \_\_\_\_\_
- D. Name of Administrator \_\_\_\_\_ License Number \_\_\_\_\_



**13. DRUG WHOLESALE PROVIDER/PRIME VENDOR INFORMATION:**

A. List the name(s) of your wholesaler(s). Provide an **unredacted** copy of the **approved** agreement(s) or contract(s) bearing the signature(s) of the wholesale representative(s).

Name	License Number	Telephone Number	
Address Street	City	State	Zip Code
Name	License Number	Telephone Number	
Address Street	City	State	Zip Code

**14. OFFICER(S)/DIRECTOR(S)/TRUSTEE(S)/MANAGER(S)/ADMINISTRATOR(S): LIST ALL TITLES IF SERVING IN MORE THAN ONE CAPACITY. Use additional copies of page 5, if needed. Do not indicate "see attached."**

Provide the name(s) and **ALL** title(s) if serving in more than one capacity of the officer(s), director(s), manager(s), trustee(s), and administrator(s) in the case of government-owned applicants of, and any other person(s) with fiduciary AND/OR management responsibility for the applicant named in item 1B, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed below have both management and control and beneficial interest in the applicant business they will be listed in both Section 14 and 15.)

**Submit the following in support of the application as instructed in the application instructions.**

- A. **Individual Personal Affidavit (17A-27)**
- B. **Ownership Information (17A-33) (entities only):** If the management and control is held by an entity e.g. General Partner, rather than a natural person, an Ownership Information (17A-33) form is required.

The person(s) listed will be on the license record.

List All Title(s)	Full Legal Name (Natural Person or Entity)

**15. APPLICANT OWNERSHIP INFORMATION: (Note: This section is NOT required for government or tribal owned.) Reference the application instructions for the required supporting documents to be submitted with the application.** List below the five person(s) with the largest percentages of interest in the ownership in the applicant named in item 1B of this application. (i.e. owner(s), shareholder(s), member(s), partner(s), including identification of the beneficiary(ies) of a trust, etc.)

- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other person(s) beneficially interested signed by a natural person listed in Section 14.
- **NOTE:** The information provided shall account for 100-percent of the ownership interests in the person listed in Item 1B of this application.

**Submit the following in support of the application.** If the natural person(s) or entity(ies) listed below have beneficial interest in addition to fiduciary AND/OR management responsibility they need to be listed in both Section 14 and 15. Submit the following documents as instructed in the application instructions.

- Individual Personal Affidavit (17A-27)**
- Individual Financial Affidavit (17A-26)**
- Ownership Information (17A-33) (entities only)**
- Supporting Ownership Documents**

The person(s) listed will be on the license record.

A. \_\_\_\_\_

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

B. \_\_\_\_\_

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

C. \_\_\_\_\_

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

D. \_\_\_\_\_

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

E. \_\_\_\_\_

Legal Name (Entity or Natural Person)		Type of Entity (if applicable)	
Address Street	City	State	Zip Code
Email Address	Telephone Number	FEIN #	
Stock Certificate #s		Percentage % Owned	

**16. DISCIPLINARY QUESTIONS**

A. In the previous seven years has the applicant named in item 1B been an owner, member, or partner of any person whose application for a license has been denied or whose license has been revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

**Yes**  **No**      **If Yes,** provide the following information for each action taken, including any prior licenses. Use additional sheets if necessary.

Business Name	License Type and Number	
Type of Action	Year of Action	State, Jurisdiction, Territory, or Country

B. In the previous seven years, has the applicant named in item 1B been in violation of any provisions of California pharmacy law?

**Yes**  **No**      **If Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation(s). Use additional sheets if necessary.

C. The Board will conduct a criminal history background check on the application. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board’s decision to grant or deny your application. Use additional sheets if necessary.

**Are you attaching mitigating information:**  **Yes**  **No**

**17. APPLICANT ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.**

This application must be approved by the California State Board of Pharmacy before a hospital pharmacy license will be issued. The applicant shall not conduct business as a pharmacy within California unless and until a license is issued. **Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all requirements that are in effect at the time of the new application.** A change of ownership application may be withdrawn by either the applicant or the licensee with no resulting liability to the California State Board of Pharmacy. **Fees applied to this application are not transferable or refundable.**

Failure to provide any of the requested information may result in the application being considered incomplete. Any material misrepresentation in the answer to any question is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a).)

Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of this application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.

Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC section 30 authorizes collection of this information. If you fail to disclose FEINs and/or SSNs as requested on this application, this application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a penalty against you.

The Board makes every effort to protect personal information provided to the Board. The information provided, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**NOTICE:** The State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the Board. You are obligated to pay your state tax obligation. This application may be denied if the state tax obligation is not paid.

**REQUIRED SIGNATURES:** See instructions for required signatories. Provide original, dated signatures or digital signatures that comply with the [Board's Digital Signatures Policy Statement](#).

Under the laws of the State of California, each natural person whose signature appears below certifies that:

- 1) They are at least 18 years of age.
- 2) They have the authority to make this application to apply for a license with the California State Board of Pharmacy on behalf of the applicant named in the foregoing application.
- 3) They have read or have knowledge of the foregoing application for licensure, are familiar with the contents thereof, and attest to the truth and accuracy of all statements, answers, and representations made in this application, including any and all supplementary statements.
- 4) No person other than the persons identified in this application (including any attachment hereto) has any ownership interest in, or management and/or control over, the applicant or its business to be conducted under the license for which this application is made.

- 5) They understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license.
- 6) The applicant pharmacy meets the requirements of Title 16 California Code of Regulations, Section 1714.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
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Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

# AUTHORIZATION TO RELEASE APPLICANT INFORMATION

(Optional)

## Applicant Business Information – Please print or type

\_\_\_\_\_  
Name of Business Telephone Number of Business

\_\_\_\_\_  
Name of Business DBA if different than above

\_\_\_\_\_  
Address of Business – Street City State Zip Code

The board will discuss the status of this application ONLY with the authorized person identified on the application and any person who has signed the application as an officer, partner, member, and/or owner of the applicant business. In order for the board to discuss the status of this application with another individual, the authorized person identified on the application must authorize in writing the board to discuss the application status with a his or her authorized representative.

Giving consent for the board to disclose application and business information will authorize the board to disclose all personal and business information pertaining to this application. This includes but is not limited to social security number, date of birth, address information, all application requirement information, application approval or denial status, and any criminal conviction information the board may have on record for your application.

### Applicant Consent – Must be signed and dated by the applicant for optional authorization to be valid.

As a person identified on the application that is authorized to act for and bind the applicant business, I hereby give the board consent to communicate to the individual listed below.

I, \_\_\_\_\_, hereby give consent to

Print Name of Person Authorized to Bind the Applicant Business

the California State Board of Pharmacy to disclose information about this application as specified above to the following individual:

\_\_\_\_\_  
Name Telephone Number Email Address

\_\_\_\_\_  
Mailing Address – Street City State Zip Code

This consent will expire on \_\_\_\_\_, within one year, or upon  
licensure, whichever comes first. (Date)

\_\_\_\_\_  
Original Signature of Person Authorized to Bind the Applicant Business Date





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Sacramento, CA 95833

Phone: (916) 518-3100 Fax: (916) 574-8618

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Business, Consumer Services and Housing Agency

Department of Consumer Affairs

Gavin Newsom, Governor



### INDIVIDUAL PERSONAL AFFIDAVIT

This form is to be completed by each **natural person** as instructed on a facility license application or to be added to an existing license through a Change of Permit application.

A California licensed pharmacist and any licensed designated representative is not required to complete this form if serving as a pharmacist-in-charge/consulting pharmacist/designated representative-in-charge/responsible manager.

Print in blue or black ink or type. All sections must be completed; if not applicable, enter N/A.

#### 1. PERSONAL INFORMATION

Legal Last Name	Legal First Name	Middle Name
-----------------	------------------	-------------

Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.)

Address - Street	City	State	Zip Code
------------------	------	-------	----------

Personal Phone Number	Work Phone Number	Email Address
-----------------------	-------------------	---------------

US Social Security Number or ITIN	Date of Birth (Month/Day/Year)
-----------------------------------	--------------------------------

#### 2. APPLICANT/LICENSEE INFORMATION

List the name of the applicant facility applying for a license as listed in item 1A of the license application OR as listed on the facility license. License #, if applicable \_\_\_\_\_

Facility's Name

Location of Business	Street	City	State	Zip Code
----------------------	--------	------	-------	----------

**ANSWER EACH OF THE FOLLOWING QUESTIONS** (Attach additional sheets of paper if necessary)

**3. LICENSE INFORMATION**

**A.** Are you currently or have you previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional?

Yes \_\_\_ No \_\_\_ **If Yes,** List the following for all state(s), including California.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

**B. AUTHORIZED TO PRESCRIBE**

Are you currently or have you previously been licensed to prescribe in California or any other state, jurisdiction, territory, or country? Prescribers referenced in BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, physician assistant, etc.) who hold or have held a license to prescribe in this state or any other state, jurisdiction, territory, or country must disclose their license information below.

Yes \_\_\_ No \_\_\_ **If Yes,** provide the following.

State	Type of License	License Number	Active or Inactive	Issued Date	Expiration Date

**4. OWNERSHIP INFORMATION**

Do you have or have you had any direct or indirect beneficial interest in, or do you have or have previously exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for, a California and/or nonresident licensed pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

Yes \_\_\_ No \_\_\_ **If Yes,** list all current and past licenses. Attach additional sheets if necessary.

Name of Facility	License Type and Number	State Issued

**5. DISCIPLINARY QUESTIONS**

The following questions pertain to a license sought or held in California or any other state, jurisdiction, territory, or country. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, jurisdiction, territory, or country.

**A.** Have you ever had an application for any professional or vocational license or registration denied or any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes \_\_\_ No \_\_\_ **If Yes,** provide a signed and dated statement of explanation.

**B.** Do you have or have you had any direct or indirect beneficial interest in, or have you exercised management and control over and/or served as an officer, director, manager and/or member of an LLC, partner, stockholder, trustee, professional director, or administrator for a California and/or nonresident pharmacy, clinic, wholesaler, third-party logistics provider, outsourcing facility and/or any other facility whose license has been denied, suspended, revoked, placed on probation, or had other disciplinary action taken against it?

**Yes** \_\_\_ **No** \_\_\_ **If Yes**, provide a signed and dated statement of explanation.

**C.** Have any of the disciplinary actions in A or B above occurred with your spouse or domestic partner?

**Yes** \_\_\_ **No** \_\_\_ **If Yes**, provide a signed and dated statement of explanation.

**6. SPOUSE/DOMESTIC PARTNER INFORMATION (Not required for Government Owned or Nonprofit Corporations)**

**A.** List the name of your spouse/domestic partner.

Legal Last Name	Legal First Name	Middle Name
Previous Names (AKA, Maiden Name, Alias, etc. Indicate N/A if none.)		Date of Birth (Month/Day/Year)

**B.** Is your spouse/domestic partner licensed as a pharmacist or licensed to prescribe in California or any other state, jurisdiction, territory, or country? Required to disclose if your spouse/domestic partner holds or has held a pharmacist or a license to prescribe in this state or any other state, jurisdiction, territory, or country. Prescribers referenced in BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, physician assistant, etc.)

**Yes** \_\_\_ **No** \_\_\_ **If Yes**, provide the following. Attach additional sheets if necessary.

State	License Type and Number	Active or Inactive	Issued Date	Expiration Date

**C.** Will your spouse/domestic partner work in any capacity under the license being applied for or in a facility currently licensed as identified in Section 2 of this form?

**Yes** \_\_\_ **No** \_\_\_ **If Yes**, in what capacity? \_\_\_\_\_

**An original signature and date is required or a digital signature that complies with the Board’s [Digital Signatures Policy Statement](#) located on the Board’s website. All documents with digital signatures shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.**

**I hereby certify under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Individual Personal Affidavit, including all supplementary statements. I understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 2 of this form.**

Signature of individual completing this form	Date
--	------



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 Department of Consumer Affairs  
 Gavin Newsom, Governor



**INDIVIDUAL FINANCIAL AFFIDAVIT**

This form is to be completed by each **natural person** as instructed on a license application or any new natural person as instructed on a Change of Permit Application.

**1. PERSONAL INFORMATION**

\_\_\_\_\_

Legal Last Name	Legal First Name	Middle Name
-----------------	------------------	-------------

**2. APPLICANT/LICENSEE INFORMATION**

List the name of the applicant applying for a license as listed in item 1A of the license application OR the licensee of a change of permit application. License #, if applicable \_\_\_\_\_

\_\_\_\_\_

Applicant’s Name as it will appear on the license or Licensee’s Name

\_\_\_\_\_

Location of Business	Street	City	State	Zip Code
----------------------	--------	------	-------	----------

**3. CHECK ONE OR MORE OF THE FOLLOWING:**

- \_\_\_ I am making a contribution: Total amount \$ \_\_\_\_\_ Cash amount \$ \_\_\_\_\_
- \_\_\_ I am contributing labor/expertise only valued at \$ \_\_\_\_\_
- \_\_\_ I am receiving a loan: total amount \$ \_\_\_\_\_ (please attach copy of loan agreement)
- \_\_\_ I am making a loan: total amount \$ \_\_\_\_\_ (please attach copy of the loan agreement)
- \_\_\_ I am not making a contribution in any form.

**4. SOURCE OF FUNDS USED TO FINANCE BUSINESS (Sections A-E).**

Fully explain the source of your financial contributions (e.g., stocks/bonds, real estate). If cash funds are from savings, indicate where the money was or is kept. If the source is from the sale of property, indicate what was sold, the address (if real estate), the name and address of the buyer, and the net proceeds from the sale. If a loan is involved, show the date, amount, terms, security, and name and address of the lender. Describe any other sources of funds such as inheritances or gifts. Documentation may be requested.

**A. FINANCIAL INSTITUTION(S).** If cash funds are from savings and/or checking accounts, identify the account information from where the money is derived. For each account listed below, provide unredacted bank statements reflecting the deposit(s) or transfer(s) into the account(s) of the monies to be used to fund the business. In addition, include three months of unredacted bank statements prior to the deposit(s) or transfer(s).

**SAVINGS**

Financial Institution	City and State	Amount	Account Number	Source of Savings

**CHECKING**

Financial Institution	City and State	Amount	Account Number	Source of Checking

**B. LOANS & CREDIT APPLICATIONS FOR THIS BUSINESS**

If a loan is involved, show the date, amount, terms, security, and name and address of the lender.

Date	Amount	Term	Item Secured	Security	Lender

**C. SALE OF PROPERTY TO FINANCE THIS BUSINESS**

If the source is from the sale of property, indicate what was sold, the address (if real estate), the name and address of the buyer, and the net proceeds from the sale.

Type	Date	Buyer	Net Proceeds	Other Source

Location of Property: \_\_\_\_\_

Type	Date Sold	Buyer	Net Proceeds	Other Source

Location of Property: \_\_\_\_\_

**D. GIFT OR INHERITANCE(S)**

Describe any other sources of funds such as inheritances or gifts. Documentation may be requested.

\_\_\_\_\_

\_\_\_\_\_

**E. FUNDING**

Will funding be provided in any amount from a person whose professional or vocational license has been denied or whose license has been revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

Yes \_\_\_\_ No \_\_\_\_ If Yes, please explain fully below (attach additional sheets if necessary). Attach copies of all disciplinary orders.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Current and Past Employment for the last five years.**

<b>From mm/yr</b>	<b>To mm/yr</b>	<b>Type of Work</b>	<b>Firm Name and City</b>	<b>License #, if applicable</b>

An original signature and date is required or a digital signature that complies with the Board's [Digital Signatures Policy Statement](#) located on the Board's website. All documents with digital signatures shall be emailed to the Board.

I hereby certify under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing Individual Financial Affidavit, including all supplementary statements. I understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant or licensee identified in Section 2 of this form.

---

Signature

Title

Date



**A. APPLICANT'S FINANCIAL INSTITUTION AUTHORIZED SIGNATURES:** List all individuals authorized to sign on the above business bank account(s). Provide a letter of explanation for any individual listed that is not listed in Section 13 of the licensure application. Use additional sheets if necessary.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

**4. BOOKKEEPER/ACCOUNTANT INFORMATION:**

Name of Bookkeeper/Accountant for Applicant Premises		Telephone Number	
Address	Street	City	State Zip Code
Estimated Annual Gross Sales \$ _____		Estimated Annual Purchases \$ _____	

**REQUIRED SIGNATURE:** An owner/officer who signed the Community Pharmacy License Application is required to sign this form. Provide original, dated signature or digital signature that comply with the [Board's Digital Signatures Policy Statement](#).

Under the laws of the State of California, the natural person whose signature appears below certifies that:

1. They are at least 18 years of age.
2. They are duly authorized to submit this financial affidavit in support of the license application being made by the applicant named in Section 1 above.
3. They have read this financial affidavit and attest to the truth and accuracy of all statements, answers, and representations made herein, including any and all supplementary statements.
4. They understand that falsification of any information in this financial affidavit may constitute grounds for denial or subsequent revocation of the license.

Print Name	Signature	Title	Date
------------	-----------	-------	------





**California State Board of Pharmacy**  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833  
 Phone: (916) 518-3100 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



**OWNERSHIP INFORMATION FORM**

This form is to be completed by each person (other than a natural person) in the applicant’s ownership structure for a facility license application or to be added within an existing licensee’s ownership structure through a Change of Permit Application.

California Business and Professions Code (BPC) section 4035 defines “person” to include, but is not limited to, firm, association, partnership, corporation, limited liability company, state governmental agency, trust, or political subdivision.

**1. APPLICANT/LICENSEE INFORMATION**

List the name of the applicant applying for a license as listed in item 1A of the license application OR the licensee of a change of permit application. License #, if applicable \_\_\_\_\_

\_\_\_\_\_  
 Applicant’s Name as it will appear on the license or Licensee’s Name Telephone Number

\_\_\_\_\_  
 Physical Location Street City State Zip Code

**2. OWNER:** Provide the legal name of the entity and information of the owner completing this form. The information should coincide with the ownership organizational chart and supporting organizational documents.

\_\_\_\_\_  
 Legal Entity/Business Name FEIN#

\_\_\_\_\_  
 Legal Entity Business Address Street City State Zip Code

\_\_\_\_\_  
 Legal Entity Email Address Telephone Number

\_\_\_\_\_  
 Name of Authorized Contact Telephone Number

**TYPE OF OWNERSHIP**

- Individual  Corporation  Native American Tribe
- Partnership  Professional Corporation  Non-Native American Operating on Tribal Land
- Limited Liability Company  Nonprofit Corporation
- Trust  Publicly Traded Corporation
- Government Owned

**For Board Use ONLY**

Stock Ledger	Articles	Bylaws	10K	Partnership Ag.
Stock Certificate	SOI/Foreign	Operating Agreement	Trust	Partnership Cert.

**3. OFFICER(S)/DIRECTOR(S)/TRUSTEE(S)/MANAGER(S)/ADMINISTRATOR(S) OF THIS OWNER: LIST ALL TITLES IF SERVING IN MORE THAN ONE CAPACITY.**

Provide the name(s) and **ALL** title(s) if serving in more than one capacity of all officer(s), director(s), trustee(s), manager(s), and administrator(s) (in the case of government-owned applicants) of, and any other person(s) with management or control over the owner named in Section 2 of this form, e.g. General Partner with management and control. (Note: If the natural person(s) or entity(ies) listed below have both management and control and beneficial interest in the owner listed in Section 2 of this form list them in both Sections 3 and 4.)

Additionally, include the license type, license number and the state(s) for the individual(s) listed below who hold or have previously been licensed as a pharmacist, intern pharmacist, pharmacy technician, any type of designated representative, and/or other healthcare professional, including any license authorized to prescribe under Business and Professions Code (BPC) section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, etc.).

List All Title(s)	Full Legal Name	License Number & State Issued

**4. OWNERSHIP INFORMATION FOR THIS OWNER: Please reference the application instructions for the required supporting documents to be submitted for the type of ownership listed in Section 2 of this form or the Change of Permit Application.**

List below the five persons with the largest percentages of interest in the ownership of the person reported in Section 2 of this form.

- When the ownership exceeds five persons, submit an attachment listing the name(s) and percentage(s) of ownership interest of all other persons beneficially interested signed by a natural person listed in Section 3 of this form.
- **NOTE:** The information reported in this application, and any attached list(s) provided, shall account for 100 percent of the ownership interests in the person reported in Section 2 of this form.

In addition, include the license information for any individual listed below who holds or has held a license authorized to prescribe under BPC section 4040(a)(2) (e.g., physician, dentist, podiatrist, veterinarian, etc.)

A.

Legal Name		Type of Entity (if applicable)		
Address	Street	City	State	Zip Code
Email Address		Telephone Number	FEIN #	
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)		

B.

Legal Name		Type of Entity (if applicable)		
Address	Street	City	State	Zip Code
Email Address		Telephone Number	FEIN #	
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)		

C.

Legal Name		Type of Entity (if applicable)		
Address	Street	City	State	Zip Code
Email Address		Telephone Number	FEIN #	
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)		

D.

Legal Name		Type of Entity (if applicable)		
Address	Street	City	State	Zip Code
Email Address		Telephone Number	FEIN #	
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)		

E.

Legal Name		Type of Entity (if applicable)		
Address	Street	City	State	Zip Code
Email Address		Telephone Number	FEIN #	
Stock Certificate #s	Percentage % Owned	License Type, License #, & State Licensed (if applicable)		

**5. DISCIPLINARY QUESTIONS**

A. In the previous seven years has the owner named in Section 2 had an application for a license been denied or had a license be revoked, suspended, placed on probation, or otherwise disciplined in California or any other state, jurisdiction, territory, or country?

**Yes**  **No**    **If Yes,** provide the following information for each action taken, including any prior licenses. Use additional sheets if necessary.

---

Company Name	License Type and Number
--------------	-------------------------

---

Type of Action	Year of Action	State, Jurisdiction, Territory, or Country
----------------	----------------	--

B. In the previous seven years, has the owner named in Section 2 been in violation of any provisions of California pharmacy law?

**Yes**  **No**    **If Yes,** provide a statement of the violation(s), or a reason that such a statement cannot be provided for each violation(s). Use additional sheets if necessary.

C. The Board will conduct a criminal history background check on the application. You may provide any mitigating information, including evidence of rehabilitation, regarding your criminal history or criminal conviction(s) that you want the Board to consider. This disclosure is voluntary, and your decision not to disclose any information will not be a factor in the Board’s decision to grant or deny your application. Use additional sheets if necessary.

**Are you attaching mitigating information: Yes \_\_\_\_\_ No \_\_\_\_\_**

**6. ADVISEMENTS AND AFFIDAVIT - Read carefully and sign below.**

This form is being submitted in support of the application for licensure made by the applicant identified in Section 1 of this form (hereafter, the “License Application”). The License Application must be approved by the California State Board of Pharmacy before a pharmacy license will be issued, and the applicant shall not conduct business as a pharmacy within California unless and until a license is issued. **Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all requirements that are in effect at the time of the new application.**

Failure to provide any of the information requested on this form may result in the License Application being considered incomplete. Any material misrepresentation in the answer to any question on this form is grounds for denial or subsequent revocation of the license. The withdrawal of an application for a license after it has been filed with the Board shall not, unless the Board has consented in writing to such withdrawal, deprive the Board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground. (BPC § 118, subd. (a).)

Pursuant to the provisions of BPC section 4207, the California State Board of Pharmacy is authorized to conduct a thorough investigation of the License Application to determine whether the applicant is qualified for the license being sought, and may request any information it deems necessary to complete said investigation, including, without limitation, business and financial records and documents.

Disclosure of federal employer identification numbers (FEINs) and social security numbers (SSNs) is mandatory. BPC section 30 authorizes collection of this information.

The Board makes every effort to protect personal information provided to the Board. The information provided, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act (Civil Code section 1798 et seq.);
- To another government agency as required or permitted by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**This form must be signed by each natural person listed in Section 3 of this form or one natural person who has been duly authorized by a formal resolution of the owner identified in Section 2 of this form to execute and submit this form on behalf of such owner. NOTE: a copy of the formal, signed resolution MUST be included with the License Application.**

**All signatures must be original, dated signature or digital signatures that comply with the Board's [Digital Signatures Policy Statement](#) located on the Board's website. All documents with digital signatures shall be emailed to the Board. When submitting documents to the Board, keep a copy for your records.**

Under the laws of the State of California, each natural person whose signature appears below certifies that:

- 1) They are at least 18 years of age.
- 2) They have knowledge of the License Application or Licensee and are submitting this form in support of said License Application or License.
- 3) They are duly authorized to submit this form on behalf of the owner identified in Section 2 of this form.
- 4) All statements, answers, and representations made herein, and in any and all supplementary statements submitted in connection herewith, are true and accurate.
- 5) No person other than the persons identified in this form (including any attachment hereto) has any ownership interest in, or management and/or control over, the owner identified in Section 2 of this form.
- 6) They understand that falsification of any information in this form may constitute grounds for denial or subsequent revocation of the license being applied for by the applicant identified in Section 1 of this form.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date



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### SELLER'S CERTIFICATION

**INSTRUCTIONS:** This form is to be completed by the seller and submitted with the application for a change of ownership by the prospective owner. A copy of the pending purchase agreement must be attached. Please print or type.

**NOTICE:** The license is not transferable, and the current owner of record must maintain operations and control of the licensed premises (including renewing the license) until the change of ownership is approved by the California State Board of Pharmacy. Proof of authority to sell by any person, other than a person whose name appears on the California State Board of Pharmacy license record, must accompany this certification.

This will certify that \_\_\_\_\_  
 Name of Seller

has agreed that on \_\_\_\_\_ Seller shall transfer \_\_\_\_\_  
 month/day/year (all, half, etc.)

of the right, title and interest in \_\_\_\_\_  
 Name of Facility License Number

Located at \_\_\_\_\_  
 Address City State Zip Code

List the Name of all Buyer(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

On completion of this sale and approval of the new license, the original license, and the current renewal must be returned to the California State Board of Pharmacy.

Under penalty of perjury under the laws of the State of California, each person whose signature appears below certifies and says that (If the seller is a partnership, all partners must sign below):

1. Is the licensee, named in this Seller's Certification, duly authorized to make this sale;
2. Is listed on the current license; and
3. All statements made in this Seller's Certification are true and correct.

Signature of Seller	Name (please print)	Title	Date
Signature of Seller	Name (please print)	Title	Date
Signature of Seller	Name (please print)	Title	Date



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Department of Consumer Affairs  
Gavin Newsom, Governor



## **FINGERPRINTING REQUIREMENTS AND LIVE SCAN INSTRUCTIONS**

**BRING THESE INSTRUCTIONS WITH YOU TO THE LIVE SCAN AGENCY.**

**THE LIVE SCAN OPERATOR MUST ENTER THE INFORMATION PROVIDED IN STEP 1 BELOW.**

**FAILURE TO INCLUDE THE BOARD OF PHARMACY INFORMATION ON THE LIVE SCAN FORM MAY RESULT IN THE INDIVIDUAL HAVING TO COMPLETE THE LIVE SCAN PROCESS AGAIN.**

**FINGERPRINT REQUIREMENT:** All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § [144](#); 16 CCR § [2010.05](#).) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ [475-490](#), [4836.2](#), [4837](#), [4842](#), [4883](#), [4885](#).)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § [11077.1](#).) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at <https://oag.ca.gov/fingerprints> and download the [BCII 9004 - Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement](#) form.

### **LIVE SCAN INSTRUCTIONS: STEP 1 - COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:**

- **ORI:** Enter "A0071". This is the unique agency code for the Board of Pharmacy.
- **Authorized Applicant type:** Enter "License/Cert/Permit".
- **Type of License/Certification/Permit OR Working Title:** Enter "Pharmacy - Section 4201". This is unique for the specific application for license.
- **Agency Authorized to Receive Criminal Record Information:** Enter "Board of Pharmacy".
- **Mail Code:** Enter "05712". This is the unique five-digit code assigned by the DOJ for the Board of Pharmacy.
- **Street Address, City, State, and Zip Code:** Enter "2720 Gateway Oaks Drive, Suite 100, Sacramento CA 95833".
- **Contact Telephone Number:** Enter "(916) 518-3100".
- **Name of Applicant:** Enter your Legal Last Name, Legal First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number. This is **MANDATORY** for the Board of Pharmacy.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.
- **Level of Service:** Mark **BOTH DOJ and FBI**. You are required to have both DOJ and FBI level of service complete.
- **Employer:** This information is not required.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Date of Birth Sex  Male  Female  Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator

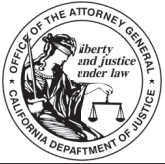
Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed





## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

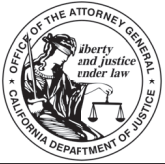
**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

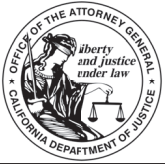
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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)