California State Board of Pharmacy
1625 N. Market Blvd., Suite N-219
Sacramento, CA 95834
Phone (916) 574-7900 Fax (916) 574-8617
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER LICENSE APPLICATION INSTRUCTIONS

"Third-party logistics provider" means an entity that provides or coordinates warehousing or other logistics services for a dangerous drug or dangerous device in intrastate or interstate commerce on behalf of a manufacturer, wholesaler, or dispenser of the dangerous drug or dangerous device, but does not take ownership of the dangerous drug or dangerous device, nor have responsibility to direct its sale or disposition. To conduct business with California, a nonresident third-party logistics provider must be licensed by the California State Board of Pharmacy.

California law requires that an applicant for a nonresident third-party logistics provider license at all times maintain a valid, unexpired license, permit, or registration to conduct business in its home-state and requires an applicant to provide a license verification from the home-state licensing authority of its license status as a third-party logistics provider.

APPLICATION PROCESSING TIMEFRAME

- Allow the board 45 days to process the application. You will be notified in writing if your application is incomplete.
- Due to current workload the board is unable to respond to application status requests unless the application has been on file for over 60 days.
- You may confirm with your bank that your check has been processed. This will serve as verification that the board received your application.
- To verify if your license has been issued, visit the board's website at www.pharmacy.ca.gov. Select "Verify a License" and enter the third-party logistics provider (3-PL) name. It will take from 4 to 6 weeks from the date a license is issued to receive the license document.

APPLICATION INSTRUCTIONS

Print the entire application and any required forms. Please reference the **Application Checklist** - **What Makes An Application Complete** section below to ensure all of the required forms prior to submitting the application. Failure to submit all necessary items will delay the processing the application.

ATTENTION: If any entity listed on the application in the ownership section is **NOT** a natural person, an authorized individual (authorized agent) must be appointed to act for and bind the corporation, partnership, or limited liability company. The authorized agent should be a member, manager, principal or executive officer (e.g., president/CEO, chairperson).

NOTE: TEMPORARY PERMIT - Whenever a change of ownership occurs, a temporary permit must be requested or all operations requiring the 3-PL license **MUST STOP until a new license is issued**. An additional fee of $550.00 for the temporary permit must be submitted. All change of ownership applications will be considered for temporary permits.

APPLICATION CHECKLIST - WHAT MAKES AN APPLICATION COMPLETE

Use this checklist to ensure the application is complete prior to submitting. If the application is not complete, the board will notify you of any deficiencies. Failure to complete your application within 60 days after being notified of deficiencies will result in the application being deemed abandoned. You will then be required to file a new application and meet all of the requirements in effect at the time of reapplication.

☐ **APPLICATION FEE $780:** (**EXCEPTION**: Government owned facilities are fee exempt) Submit a remittance in the amount of $780 made payable to the Board of Pharmacy with your application. The application fee is non-refundable. **See Note above regarding Temporary Permit which establishes a second fee.**

- ☐ **NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER APPLICATION** (form 17A-85 (Rev2.15): The application must be completed in its entirety. Failure to do so will result in an incomplete application and a deficiency letter being mailed to you. **NOTE:** Only a person whose name appears in the ownership section of the application may sign the application form as an authorized person.

- ☐ **FICTITIOUS NAME STATEMENT** if the business is operating under a DBA

- ☐ **BUSINESS BACKGROUD AFFIDAVIT** (form 17A-18)

- ☐ **PERSONAL BACKGROUND AFFIDAVIT** (form 17A-37) for each of the following:

  - Owner(s)
    - Sole owner (not incorporated)
    - Partnership - top five partners listed on application
    - Corporation – top five officers listed on the application
    - Close Corporation - top five owners listed on the application
    - Limited Liability Company - top five members listed on the application.
  - Authorized Agent who completed Business Background Affidavit for owner listed on the application who is not a natural person.

- ☐ **LICENSE VERIFICATION** - (form 17M-17) California law requires that an applicant for a nonresident third-party logistics provider license at all times maintain a valid, unexpired license, permit, or registration to conduct business in its home state and requires an applicant to provide a license verification from the home-state licensing authority of its license status as a third-party logistics provider.

- ☐ **SELLER'S CERTIFICATION** (form 17A-8) (If applicable) and copy of pending purchase agreement. *This is required only for a change of ownership and it must be submitted with the application*.

- ☐ **FINGERPRINT BACKGROUND CHECK: COPY OF *REQUEST FOR LIVE SCAN SERVICE FORM OR* COMPLETED FINGERPRINT CARDS** *(*Not required if owned by the state, city or county) *–See Fingerprint information below.*

  - Owner – sole owner who is not incorporated
  - Partnership – top five partners listed on application
  - Corporation – top five officers listed on the application
  - Closed Corporation - top five owners listed on the application
  - Limited Liability Company – top five members listed on application
  - Authorized agent – if applicable.

- ☐ **SURETY BOND –** $90,000 surety bond or equivalent means of security – See page 5 of these instructions for more information.

- ☐ **OWNERSHIP DOCUMENTS:** If the 3-PL is owned by:

  - **PARTNERSHIP**
    - Submit a copy of the executed partnership agreement.
    - Business Background Affidavit (form 17A-18) for the applicant business
    - Business Background Affidavit (form 17A-18) for any owner listed on the application that is not a natural person.
  - **CORPORATION –** The application must be completed and signed by an individual authorized to act for and bind the corporation.
    - Business Background Affidavit (form 17A-18) for the applicant business
    - Business Background Affidavit for any owner listed on the application that is not a natural person.
    - Articles of Incorporation – submit a current amended version endorsed by the state in which it was incorporated.
    - Statement of Information endorsed by the state in which it was incorporated.

- **PUBLICLY TRADED CORPORATION –** ***In addition items listed under* CORPORATION *above***
  - A copy of the corporation's 10K filing with the Securities Exchange Commission.
  - A list of the five largest shareholders who own 5% or more of stock which requires a filing with the Securities Exchange Commission.

  If the shareholder is an individual, include name, title and professional license (if applicable). Also, identify if the shareholder is a bank, trust company or financial institution to which a license is issued in a fiduciary capacity.

- **LIMITED LIABILITY COMPANY**
  - Business Background Affidavit (form 17A-18) for the applicant business
  - Business Background Affidavit (form 17A-18) for any owner listed on the application that is not a natural person.
  - Articles of Organization endorsed by the state in which it was incorporated
  - Statement of Information endorsed by the state in which it was incorporated

- **GOVERNMENT OWNED**
  - Personal Background Affidavit for the administrator (form 17A-37)
  - A letter of verification on letterhead indicating that the facility is government owned
  - Name of the Director of Public Health or the responsible party for the wholesale operation
  - A copy of the organizational structure

IMPORTANT FINGERPRINT INFORMATION:

All applicants who reside in California are required to have their fingerprints processed via Live Scan. If you reside outside of California and are unable to visit California to do Live Scan, you must have your fingerprints rolled on Board of Pharmacy issued fingerprint cards. The board will only accept fingerprint responses from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Detailed instructions for completing the fingerprint requirement are provided below. Submit either A or B with your application.

A. Completed Live Scan receipt, showing fingerprint submission information.

OR

B. Completed fingerprint cards with an additional $49 fingerprint processing fee for each set of cards. Submit two completed Board of Pharmacy fingerprint cards with prints rolled by a professionally trained person, for the persons identified on page 2 of these instructions when submitting application.

FINGERPRINT SUBMISSION INSTRUCTIONS

The board requires the applicant to have their fingerprints submitted at the time an application is submitted regardless of any prior fingerprint submission for applications previously filed with the board.

A. **CALIFORNIA RESIDENT:** Complete a Live Scan Request form and take three copies to a Live Scan site for fingerprint scanning. Please refer to the instructions for completing a "Request for Live Scan Service". The lower portion of the Live Scan Request forms must be completed by the Live Scan operator verifying that your prints have been taken and fees paid. Attach a completed copy of the Live Scan form to the application. Retain the third copy for your records. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice Web site at: http://ag.ca.gov/fingerprints/publications/contact.pdf

B. NON-CALIFORNIA RESIDENTS: If you reside outside California, fingerprints submissions must be on Board of Pharmacy fingerprint cards and submitted with the application. A fingerprint card processing fee of $49 ($32 DOJ fee and $17 FBI fee) is required in addition to the application fee. Make checks payable to the Board of Pharmacy. Contact the board to request fingerprint cards at (916) 574-7900 or email your request to rxforms@dca.ca.gov.

We have been informed by the Department of Justice that if an individual resides outside of California and cannot be fingerprinted in California, they must have their fingerprints rolled at a **law enforcement agency** in their state of residence.

Fingerprint background check results from cards take longer than the Live Scan process by approximately six weeks. Poor quality prints may result in rejection of the card and will substantially delay licensing since additional fingerprint cards will be required from you for processing.

Additional Fingerprint Recommendations

It is the applicant's responsibility to ensure that the information the Live Scan operator enters into the computer system is correct **BEFORE** the Live Scan operator submits the transmission. **Failure to do so can result in additional delays in securing valid fingerprint background check results.**

Verify the following information:

- The Live Scan operator has selected the Level of Service for **both DOJ and FBI** prior to submitting the request. If FBI is not selected at the time of original transmission, you may be required to have the Live Scan repeated and pay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that if the FBI level of service is not requested at the time of original transmission, both DOJ and FBI levels of service must be redone. Any resubmission cost should be handled at the Live Scan site.
- Verify all personal information entered on the Live Scan operator's computer is correct prior to submission.
  - ✓ **Full Name** is spelled correctly and matches your identification (Jr., II, etc. must be included in the name). The name entered must match IDENTICALLY the name you entered on your application.
  - ✓ **Date of Birth** is correct
  - ✓ **US Social Security Number** is MANDATORY and is correct.
  - ✓ **Type of License/Certification/Permit or Working Title** must to be entered as: Pharmacy Clinic - Section 4201

The board has seen an increase in the number of Live Scan transmissions where the name, date of birth, or the US social security number has been entered incorrectly or does not IDENTICALLY match the applicant's identification or the full legal name on the application. If the information is entered incorrectly, the applicant will be required to have the Live Scan process repeated resulting in the delay in processing the application. Any additional expense is the responsibility of the applicant.

SURETY BOND REQUIREMENTS AND INFORMATION

Any applicant for initial licensure as a third-party logistics provider must submit a surety bond of $90,000 made payable to the Pharmacy Board Contingency Fund or other equivalent means of security detailed below.

- In lieu of the bond, applicants may submit other equivalent means of security acceptable to the board, including a standby letter of credit or cash deposit in lieu of bond. These other means of security must be payable to the Pharmacy Board Contingency Fund.
- A single surety bond or other equivalent means of security will cover all licensed sites under common ownership. Please include a letter from the surety company reflecting the renewal date of the bond.
- The board may accept a surety bond of $25,000 if the annual gross receipts for the previous tax year are $10 million or less.

Note: A licensee who has posted a $25,000 bond but has been disciplined by any state or federal agency or issued an administrative fine under California Pharmacy Law may be required to submit a $90,000 surety bond.

The exact language dealing with the bonding requirements can be found in California Business and Professions Code sections 4162 and 4162.5.

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NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER LICENSE APPLICATION

This form to be used for third-party logistics providers located outside of California.

A. Applicant Business Information *Please print or type* ALL BLANKS MUST BE COMPLETED; IF NOT APPLICABLE, ENTER N/A

Name of Third-Party Logistics Provider (3PL) Business (As it will appear on your license. Cannot exceed 70 characters including spaces):			
Location of Business: Number and Street	City	State	Zip Code
Address to mail correspondence if different than above:	City	State	Zip Code
Email Address:	Telephone Number: ( )		

B. Application: (Check all that apply and attach appropriate fee(s))

- ☐ New 3PL License
- ☐ Change of ownership of a current nonresident 3PL license
- ☐ Change of Location
- ☐ Temporary License Request (additional fee required)

C. Business Structure of the Applicant Business

☐ Individually Owned ☐ Partnership ☐ Corporation (not publicly traded) ☐ Publicly Traded ☐ Limited Liability Company ☐ Government

D. Change of Ownership or Location Provide the current name, address and license number of 3PL.

Name of Current Third-Party Logistics Provider License:		License Number:	
Address:	City	State	Zip Code
Effective Date of Transaction/Move: Month, Day, Year			

E. Applicant Business Operations

Will this entity serve as a reverse Third-Party Logistics Provider? YES ☐ NO ☐

Does this location also have a wholesaler license that is conducting business from this location? YES ☐ NO ☐
If yes, list name and license number.

This 3PL will ship to: (Check all that apply)

- ☐ Drug Manufactures
- ☐ Drug Repackager
- ☐ Wholesaler
- ☐ Reverse Distributor
- ☐ Pharmacies
- ☐ Hospitals
- ☐ Other: _____

Type of products this 3PL will handle: (Check all that apply)

- ☐ Dangerous Drugs
- ☐ Controlled substances
- ☐ Dangerous devices
- ☐ Biologicals
- ☐ Veterinary drugs
- ☐ Medical gases
- ☐ Dialysis supplies
- ☐ Over-the-counter medications
- ☐ Acupuncture Needles

For Office Use Only

Date Processed: _____ By:_____	Date Issued: _____	Cashier #: _____
Date Sent to 2LR:_____ By:_____	By: _____	Date: _____
Date 2LR reviewed: _____ By: _____	Post Issuance: _____ By_____	Amount:_____

F. Responsible Manager

List the Designated Represenative-3PL to serve as the Responsible Manager at this third-party logistics provider business. The Responsible Manager serves as supervisor or manager and is responsible for ensuring the third-party logistics provider is in compliance with all state and federal laws and regulations pertaining to the operations. The Responsible Manager shall maintain an active license as a Designated Representative-3PL with the board at all times during which he/she is designated as the Responsible Manager. **There must be one designated representative-3PL on the premises at all times during business operation.**

Name of Responsible Manager		License Type and No.	
Original Signature of Responsible Manager		Date	
Residence Address of Responsible Manager	City	State	Zip Code

G. Partnership or Limited Liability Company Enter FEIN # (Federal Employer ID #)

H. Ownership Information

List the owner(s), officer(s), partner(s), and/or member(s) of the applicant business. If the applicant is not a natural person, the individual completing the application must have the authority to act for and bind the business. This should be an officer, partner, member, and/or owner of the business. If the owner is other than a natural person, the application shall include information as to each person beneficially interested in the applicant business as well as to include any parent as identified on the business organizational chart. A "Person" is defined in Business and Professions Code section 4035.**Use additional copies of page 3, if needed. Do not indicate "see attached".**

Name:		Position Title	% of ownership	Telephone Number ( )
Address:	Number and Street	City	State	Zip Code
Name of Authorized Agent:			Authorized Agent telephone number:	
Name:		Position Title	% of ownership	Telephone Number ( )
Address:	Number and Street	City	State	Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:	
Name:		Position Title	% of ownership	Telephone Number ( )
Address:	Number and Street	City	State	Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:	
Name:		Position Title	% of ownership	Telephone Number ( )
Address:	Number and Street	City	State	Zip Code
Name of Authorized Agent:			Authorized Agent Telephone Number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent Telephone Number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent telephone number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent Telephone Number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent Telephone Number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent Telephone Number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent Telephone Number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent telephone number:	

Name:	Position Title	% of ownership	Telephone Number ( )
Address: Number and Street	City	State	Zip Code
Name of Authorized Agent:		Authorized Agent Telephone Number:	

I. Background Information

List ALL states in which the applicant business is, or has been, licensed as a third-party logistics provider, wholesaler, pharmacy, manufacturer, or re-packager ***Use additional copies of page 4, if needed. Do not indicate "see attached".***

If there has been any disciplinary action taken against any of the licenses listed below, a written explanation giving full details of the action taken MUST be provided with the application. A License Verification form (17M-17) for the home state must be completed by the licensing agency and submitted to the board.

State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes ☐ No ☐

J. Person located in California that will act as an agent for service of process?

Name of Agent for Service of Process:				Agent's telephone number: ( )
Address of Agent:	Number and Street	City	State	Zip Code

K. Person or agency authorized to clarify information provided on this application.

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

NOTE: The board may only discuss the status of this application with the authorized person identified above, or a person who has signed the application as an authorized owner or executive officer of the applicant, unless there is a release on file from the applicant indicating the board may discuss the status with a different authorized representative.

APPLICANT AFFIDAVIT - Read carefully and sign below

This application must be approved by the California State Board of Pharmacy before a third-party logistics provider license will be issued. The applicant third-party logistics provider shall not conduct business in California until a license is issued. If changes are made during the application process, the applicant may need to submit a new application with appropriate fees. Fees applied to this application are not transferable and are not refundable.

All items of information in this application are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. Any material misrepresentation in the answer of any question is grounds for denial or subsequent revocation of license, and is a violation of the California Penal Code.

The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, (916) 574-7900, 1625 N. Market Blvd., Suite N219, Sacramento, CA 95834. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.38 of the Civil Code.

NOTICE: Effective July 1, 2012, 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 or your license may be suspended if the state tax obligation is not paid.

Certification of Applicant: The application must be signed by a person whose name appears in Section H - Ownership Information on this application. An original signature is required. Scanned, stamped or electronic signatures will not be accepted.

APPLICANT AFFIDAVIT

(must be signed and dated by a person authorized to act for and bind the Third-Party Logistics Provider business)

I hereby certify and affirm under penalty of perjury, under the laws of the State of California, that: (1) I am a person authorized to act for and bind the application and I am at least 18 years of age; (2) I have read the foregoing application and know the contents thereof and each and every statement made therein is true and correct; (3) I understand that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license; (4) no person other than the applicant [or applicants] has any direct or indirect interest in the applicant's [or applicants'] business to be conducted under the license for which this application is made; and (5) all supplemental statements filed with this application are true, complete, and accurate.

Original Signature (Must be listed on the application in Section H – Ownership Information)

Print Name | Title | Date

AUTHORIZATION TO RELEASE APPLICANT INFORMATION
(Optional)

The board will ONLY discuss the status of this application to the authorized person identified on the application or a person who has signed the application as an authorized owner or executive officer of the applicant. 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 denied status, and any criminal conviction information the board may have on record for your application.

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

Applicant Business Information *Please print or type*

Name of Third-Party Logistics Provider Business:	Telephone Number of Business: ( )
Name of Third-Party Logistics Provider's Business DBA if different than above	
Address of Business: Number and Street City State Zip Code	

I, _____, herby give consent
(Person authorized to act for and bind the applicant business-Print Name)

to the California State Board of Pharmacy to disclose application information to the following:

Consent

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

APPLICANT CONSENT
(must be signed and dated by the applicant)

This representation will expire on _____ or, within one year or upon licensure, if not specified.

_____
Original Signature of Person authorized to act for and bind the applicant business

_____
Print Name Title Date

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BUSINESS BACKGROUND AFFIDAVIT

The information on this form is specific to the business applicant, not the individual completing the form. This form is to be completed by an individual authorized to act for or bind the corporation. All blanks must be completed; **if not applicable enter "N/A**." Failure to furnish complete explanations, or omission of any information, will delay the processing of your application.

This individual completing this form must:

- Complete a Personal Background Affidavit (17A-37)

Please print or type

Business Name				Telephone Number: ( )
Address:	Number and Street	City	State	Zip

Name of applicant (business name):				Applicant telephone number:
Address of applicant:	Number and Street	City	State	Zip
My position with the applicant is: Sole owner ☐ Partner ☐ Officer ☐ Member ☐ Stockholder ☐ (Check all that apply)				

1. Are you currently, or have you in the previous five years, been an owner, member, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or whose license has been revoked, suspended, or been placed on probation in California or any other state? Yes ☐ No ☐

   If the answer is "yes," please provide the following information for each action taken. Please include cancelled permits. (Use additional sheets if necessary.)

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

2. Have you ever been in violation of any provisions of California pharmacy law, including regulations? Yes ☐ No ☐

If "yes," please list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

3. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States or of any state or local ordinances? You must include all **misdemeanor and felony convictions**, regardless of the age of the conviction, **including those** which have been set aside and/or dismissed under Penal Code sections 1210.1 or 1203.4. (Traffic violations of $500 or less need not be reported.) Yes ☐ No ☐

If "yes," please attach the relevant arrest and court documents.

Please read carefully and sign below.

Under penalty of perjury, under the laws of the State of California, I certify and affirm that: (1) I am a person authorized to act for and bind the applicant and I am at least 18 years of age; (2) I have read the foregoing background certification and know the contents thereof and each and every statement made therein is true; (3) I understand that falsification of any information in this affidavit may constitute grounds for denial or subsequent revocation of the license; (4) no other person other than the applicant [or applicants'] has any direct or indirect interest in the applicant's [or applicants'] business to be conducted under the license for which this affidavit is made; all supplemental statements filed with this affidavit are true, complete and accurate.

Signature _____ Print Name _____

Title _____ Date _____

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PERSONAL BACKGROUND AFFIDAVIT

All blanks must be completed; **if not applicable enter "N/A"**. Failure to furnish a complete explanation, or any omissions, will delay the processing of your application.

Please print or type

Full name: Last	First	Middle	Telephone Number: ( )
Address: Number and Street	City	State	Zip
Date of birth: (MM/DD/YY)	*Social Security number:	Previous name(s) – include maiden name; also known as (AKA's); "aliases":	

Name of applicant (business name):			Applicant telephone number:
Address of applicant: Number and Street	City	State	Zip

My position with the applicant is: (Check all that apply)

Sole owner ☐ Partner ☐ Officer ☐ Stockholder ☐ Member ☐

Other ☐ please specify _____

1. Are you currently, or have you in the previous five years, been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or whose license has been revoked, suspended, or been placed on probation in California or any other state? Yes ☐ No ☐

   If the answer is "yes," please provide the following information for each action taken. Please include cancelled permits. (Use additional sheets if necessary.)

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

2. Have you ever had a professional or vocational license denied, suspended, revoked, voluntarily surrendered, placed on probation or other disciplinary action taken by this or any other governmental authority in this state, any other state or by a federal regulatory agency? Yes ☐ No ☐

If the answer is "yes," please provide company name, permit type, action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	Type of Action:	Year of Action:	State:
Type of License:	License #:	Type of Action:	Year of Action:	State:
Type of License:	License #:	Type of Action:	Year of Action:	State:

3. Have you ever been in violation of any provisions of California pharmacy law, including regulations? Yes ☐ No ☐

If "yes," please list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

4. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States or of any state or local ordinances? You must include all **misdemeanor and felony convictions**, regardless of the age of the conviction, **including those** which have been set aside and/or dismissed under Penal Code sections 1210.1 or 1203.4. (Traffic violations of $500 or less need not be reported.) Yes ☐ No ☐

   If "yes," please attach the relevant arrest and court documents.

5. Do you currently engage in, or have you been engaged in the past two years in, the illegal use of controlled substances? Yes ☐ No ☐

   If " yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Please attach a statement of explanation.

Please read carefully and sign below.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.

I hereby certify under penalty of perjury under the laws of the State of California that all statements, answers and representations made in the foregoing personal background affidavit, including all supplementary statements are true and accurate and that I personally completed this personal background affidavit.

Signature _____ Date _____

Print Name _____ Title _____

*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC 405(c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

NOTICE: Effective July 1, 2012, 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 or your license may be suspended if the state tax obligation is not paid.

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
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www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN

LICENSE VERIFICATION

INSTRUCTIONS: This form is to be completed by the licensing authority in each state where the license is issued. The form must be completed even if the license is no longer current or active. Please return the state verified form with your application.

TO BE COMPLETED BY APPLICANT

(Please print or type)

Name of Applicant			Telephone Number	
			( )	
Address (Street and Number)	City		State	Zip Code
Title of License		License Number	Issue Date	Exp. Date

TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE

The person listed above has applied for a wholesale license in California. Before further consideration is given this application, we would appreciate your assistance in completing the information requested below. **Upon completion of this form, please return it to the applicant for submission with the application.**

LICENSURE VERIFICATION PROVIDED BY THE STATE OF _____

Name		License Number
Type of License Issued:	Date License Issued	Exp. Date of License
License Status:		
Active ☐ Inactive ☐ Other ☐ If other, please explain: _____		

Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes ☐ No ☐

If disciplinary action has been taken against this licensee, please provide this office with all the available documentation regarding the action.

_____
Signature

Board Seal

_____
Title

_____
Date

INSTRUCTIONS FOR COMPLETING A "REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

NOTE TO APPLICANT and LIVE SCAN OPERATOR: The applicant's name, date of birth and US Social Security Number must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If any of the applicant's name, date of birth or US Social Security Number are not entered at the time of Live Scan transmission, the applicant may have to have a new Live Scan transmission completed.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number
15. **Level of Service:** While the Live Scan forms contained in the board's application package are pre-slugged to indicate level of service at the DOJ and FBI level, please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07, if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at http://ag.ca.gov/fingerprints/publications/contact.php or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of $32, FBI processing fee of $17, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about $5 to $20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.

STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Print Form | Reset Form

Applicant Submission

A0071
ORI (Code assigned by DOJ)

License/Cert/Permit
Authorized Applicant Type

Wholesaler -Section 4305.5
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Board of Pharmacy
Agency Authorized to Receive Criminal Record Information

05712
Mail Code (five-digit code assigned by DOJ)

1625 N. Market Blvd, Suite N219
Street Address or P.O. Box

Licensing
Contact Name (mandatory for all school submissions)

Sacramento — City
CA — State
95834 — ZIP Code

(916) 574-7900
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last

First | Suffix

Date of Birth

Sex ☐ Male ☐ Female

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

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

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

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Mail Code (five digit code assigned by DOJ

N/A
Street Address or P.O. Box

N/A — City
State
ZIP Code

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

SELLER'S CERTIFICATION

INSTRUCTIONS: This form is to be completed by the seller and submitted by the prospective owner with the application for a change of ownership. Attach a copy of the pending purchase agreement.

NOTICE: The current permit is not transferable and the current owner of record must maintain operations and control of the licensed premises (including renewing the permit) until a new application is approved by the Board of Pharmacy. The new owner must complete and attach the new application to this document. (Proof of authority to sell by any person, except a person whose name appears on the original permit, must accompany this certification.)

(Please print or type) **All blanks must be completed; if not applicable enter N/A**

This will certify that _____
(name of individual, partnership* or corporation – "seller")

has agreed that on _____ "seller" shall transfer _____
month/day/year (all, half, etc.)

of the right, title and interest in _____ _____
(name of premises) (permit number)

located at_____
(street number and name) (city) (state) (zip code)

To _____
(name of buyer(s))

*IF A PARTNERSHIP, LIST THE NAMES OF ALL PARTNERS (all names must be listed)

On completion of this sale and approval of the new permit, the original permit, and the current renewal must be returned to the California State Board of Pharmacy for cancellation, before the new permit will be released.

Under penalty of perjury under the laws of the State of California, each person whose signature appears below certifies and says that: (1) he/she is the licensee, general partner or an executive officer of the corporate licensee named in this Seller's Certification, duly authorized to make this sale; and (2) all statements made in this Seller's Certification are true and correct to the best of his/her knowledge. If the seller is a partnership, all partners must sign below.

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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Third-party logistics provider means an entity that provides or coordinates warehousing or other logistic services for a dangerous drug or dangerous device in intrastate or interstate commerce on behalf of a manufacturer, wholesaler, or dispenser of the dangerous drug or dangerous device, but does not take ownership of the dangerous drug or dangerous device, nor have responsibility to direct its sale or disposition.

The specific requirements are highlighted below.

- Any applicant for initial licensure or license renewal as a third-party logistics provider or nonresident third-party logistics provider must submit a surety bond of $90,000 made payable to the Pharmacy Board Contigency Fund.

- In lieu of the bond, applicants may submit other equivalent means of security acceptable to the board, including a standby letter of credit or cash deposit in lieu of bond. These other means of security must be payable to the Pharmacy Board Contigency Fund.

- A single surety bond or other equivalent means of security will cover all licensed sites under common ownership.

- The board may accept a surety bond of $25,000 if the annual gross receipts for the previous tax year are $10 million or less.

Note: A licensee who has posted a $25,000 bond but has been disciplined by any state or federal agency or issued an administrative fine under California Pharmacy Law may be required to submit a $90,000 surety bond.

Exception: Certain manufacturers licensed with the FDA who are also licensed as third-party logistics providers or nonresident third-party logistics providers by the California State Board of Pharmacy to distribute exclusively their own product in California are exempt from these requirements.

The exact language for the Business and Professions Code sections dealing with the bonding requirements can be found in California Business and Professions Code sections 4162 and 4162.5. (See the board's Web site under "Pharmacy Law and Regulations.")

If you have any questions please contact the California Board of Pharmacy at (916) 574-7900.

Following please find the approved surety bond and other equivalent means of security forms.

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

THIRD-PARTY LOGISTICS PROVIDER or NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER SURETY BOND

Business and Professions Code Sections 4162, 4162.5

Bond No.

Application/License No.

KNOW ALL PERSONS BY THESE PRESENTS:

That, _____ (Applicant), doing business as a third-party logistics provider, whose address for purposes of service is _____ (address of Applicant), as PRINCIPAL, and _____ (Surety Company), a corporation organized under the laws of _____ (state of incorporation) and authorized to transact a general surety business in the State of California, whose address for purposes of service is, _____ (address for Surety Company) as SURETY, are held and firmly bound unto the People of the State of California, and to the Pharmacy Board Contingent Fund, for the penal sum of NINETY THOUSAND DOLLARS ($90,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____ (effective date).

WHEREAS, the provisions of Sections 4162 and/or 4162.5, Business and Professions Code, require that the Applicant file or have on file with the California State Board of Pharmacy (Board) a bond in the sum of $90,000.00 payable to the Pharmacy Board Contingent Fund, and this bond is executed and tendered in accordance therewith. The purpose of the bond is to secure payment of any administrative fines imposed on Applicant by the Board, and/or any cost recovery owed by Applicant to the Board under Business and Professions Code Section 125.3.

NOW THEREFORE, the conditions of the foregoing obligation are that if the Applicant shall comply with and be subject to the provisions of Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

PROVIDED HOWEVER, this bond is subject to the following express conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant and the Surety to comply with the provisions of Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code and of Chapter 2, Title 14, Part 2 (commencing with Section 995.010) of the Code of Civil Procedure and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond, in conformity with Chapter 2, Title 14, Part 2 (commencing with Section 995.010) of the Code of Civil Procedure and Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in Business and Professions Code Sections 4162 and 4162.5. The Board may make a claim against the bond for any administrative fine imposed on Applicant by the Board pursuant to Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code, or for any cost recovery ordered payable by Applicant pursuant to Business and Professions Code Section 125.3, if Applicant fails to pay to the Board the fine or cost recovery within thirty (30) days of the order imposing the fine or cost recovery. Any such claim may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Pharmacy Board Contingent Fund.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may be cancelled by the Surety in accordance with the provisions of Article 13 (commencing with Section 996.310), Chapter 2, Title 14, Part 2 of the Code of Civil Procedure.

(7) The Applicant and Surety may be served with notices, papers and other documents under the provisions of Chapter 2, Title 14, Part 2 (commencing with Section 995.010) of the Code of Civil Procedure at the addresses given above.

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this ___ day of_____, 20_____.

☐ THIRD-PARTY LOGISTICS PROVIDER
or
☐ NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER

_____
Principal's Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY

_____
Surety Company's Representative

_____, *Attorney-in-Fact*
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
California Resident Agent

California State Board of Pharmacy
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

THIRD-PARTY LOGISTICS PROVIDER or NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER SURETY BOND

FOR ENTITIES WITH GROSS ANNUAL RECEIPTS OF $10,000,000 OR LESS

Business and Professions Code Sections 4162, 4162.5

Bond No.

Application/License No.

KNOW ALL PERSONS BY THESE PRESENTS:

That, _____ (Applicant), doing business as a third-party logistics provider, whose address for purposes of service is _____ (address of Applicant), as PRINCIPAL, and _____ (Surety Company), a corporation organized under the laws of _____ (state of incorporation) and authorized to transact a general surety business in the State of California, whose address for purposes of service is, _____ (address for Surety Company) as SURETY, are held and firmly bound unto the People of the State of California, and to the Pharmacy Board Contingent Fund, for the penal sum of TWENTY FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____ (effective date).

WHEREAS, the provisions of Sections 4162 and/or 4162.5, Business and Professions Code, require that the Applicant file or have on file with the California State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Pharmacy Board Contingent Fund, and this bond is executed and tendered in accordance therewith. The purpose of the bond is to secure payment of any administrative fines imposed on Applicant by the Board, and/or any cost recovery owed by Applicant to the Board under Business and Professions Code Section 125.3.

NOW THEREFORE, the conditions of the foregoing obligation are that if the Applicant shall comply with and be subject to the provisions of Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

PROVIDED HOWEVER, this bond is subject to the following express conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant and the Surety to comply with the provisions of Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code and of Chapter 2, Title 14, Part 2 (commencing with Section 995.010) of the Code of Civil Procedure and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond, in conformity with Chapter 2, Title 14, Part 2 (commencing with Section 995.010) of the Code of Civil Procedure and Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in Business and Professions Code Sections 4162 and 4162.5. The Board may make a claim against the bond for any administrative fine imposed on Applicant by the Board pursuant to Division 2, Chapter 9 (commencing with Section 4000) of the Business and Professions Code, or for any cost recovery ordered payable by Applicant pursuant to Business and Professions Code Section 125.3, if Applicant fails to pay to the Board the fine or cost recovery within thirty (30) days of the order imposing the fine or cost recovery. Any such claim may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Pharmacy Board Contingent Fund.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may be cancelled by the Surety in accordance with the provisions of Article 13 (commencing with Section 996.310), Chapter 2, Title 14, Part 2 of the Code of Civil Procedure.

(7) The Applicant and Surety may be served with notices, papers and other documents under the provisions of Chapter 2, Title 14, Part 2 (commencing with Section 995.010) of the Code of Civil Procedure at the addresses given above.

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this ___ day of_____, 20_____.

☐ THIRD-PARTY LOGISTICS PROVIDER
or
☐ NONRESIDENT THIRD-PARTY LOGISTICS PROVIDER

_____
Principal's Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY

_____
Surety Company's Representative

_____, *Attorney-in-Fact*
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
California Resident Agent

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Name of Financial Institution:_____

Address:_____

City, State Zip:_____

Name of Applicant/Licensee:_____

Address:_____

City, State Zip:_____

IRREVOCABLE STANDBY LETTER OF CREDIT NO. _____ DATED: _____

To Beneficiary:

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219
Sacramento, CA 95834
Attention: Executive Officer

1. At the request and on the instructions of _____ (Applicant/Licensee), we _____ (Financial Institution) hereby establish in favor of the Beneficiary, the California State Board of Pharmacy (Board), this Irrevocable Standby Letter of Credit (Credit) in the principal sum of $_____.

2. This Credit is and has been established for the sole benefit of the Board pursuant to the terms of Business and Professions Code sections 4162 and/or 4162.5, pertaining to the initial or renewal application filed by the Applicant/Licensee.

3. This credit is intended by the parties to serve as a security device for the performance by Applicant/Licensee of its obligations under Chapter 9, Division 2, commencing with section 4000 of the Business and Professions Code.

4. Upon the occurrence of any default by Applicant/Licensee as determined by the Board in its sole discretion under this agreement, the Board shall be entitled to draw upon this credit by presentation of a duly executed CERTIFICATE FOR DRAWING in substantially the same form as Attachment A, attached hereto, at our office located at _____(Address of financial institution).

5. The CERTIFICATE shall be completed and signed by an “Authorized Representative” as defined in paragraph 12. Presentation by the Board of a completed CERTIFICATE may be made in person or by registered mail, return receipt requested.

6. Upon presentation of a duly executed CERTIFICATE as above provided, payment shall be made to the Board, or to an account designated by the Board, in immediately available funds, at such time and place as the Board shall specify.

7. Funds may be drawn in one or more drawings not to exceed the principal sum.

8. If demand for payment does not conform to the terms of this CREDIT, we shall give the Board prompt notice that the demand for payment was not effected in accordance with the terms of this CREDIT, state the reasons therefore, and await further instructions.

9. Upon being notified that the demand for payment was not effected in conformity with the CREDIT, the Board may correct any such non-conforming demand for payment.

10. All drawings under this CREDIT shall be paid with our funds. Each drawing honored by us hereunder shall reduce, pro tanto, the principal sum. By paying to the Board an amount demanded in accordance herewith, we make no representations as to the correctness of the amount demanded.

11. This CREDIT will be cancelled in whole or in part upon receipt by us of a CERTIFICATE OF CANCELLATION, which (i) shall be in the form of Attachment B attached hereto, and (ii) shall be completed and signed by any person purporting to be an Authorized Representative, as defined in the next paragraph.

12. An "Authorized Representative" shall mean the following person: Executive Officer of the California State Board of Pharmacy

13. Communications with respect to this CREDIT shall be in writing and addressed to us at _____(Address of Financial Institution) specifically referring upon such writing to this CREDIT by number.

14. This CREDIT may not be transferred or assigned, either in whole or in part.

15. This CREDIT shall be deemed a contract made under the laws of the State of California.

16. This CREDIT shall, if not cancelled as provided herein, expire no later than _____ the date of its execution.

THEREFORE, _____(Financial Institution) has executed and delivered this IRREVOCABLE STANDBY LETTER OF CREDIT to the Board as of the ___day of _____, 20__.

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

CERTIFICATE FOR DRAWING

Name of Financial Institution (ISSUER):_____

Address:_____

City, State, Zip:_____

Name of Applicant/Licensee:_____

Address:_____

City, State, Zip:_____

IRREVOCABLE STANDBY LETTER OF CREDIT NO. _____

Beneficiary:

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219
Sacramento, CA 95834

The undersigned, a duly Authorized Representative of the California State Board of Pharmacy (Board) (as defined in the above referenced CREDIT), hereby certifies to the ISSUER that:

1. An Event of Default has occurred as defined in section 4 of the Agreement.
2. The undersigned is authorized under the terms of the above-referenced CREDIT to present this CERTIFICATE as the sole means of demanding payment on the CREDIT.
3. The Board is therefore making a drawing under the above-referenced CREDIT in the amount of $_____.
4. The amount demanded does not exceed the Principal Sum.
5. Sums received shall be used by the Board in accordance with the terms of the Agreement.

THEREFORE, the undersigned has executed and delivered this CERTIFICATE as of the ___day of _____, 20__ .

CALIFORNIA STATE BOARD OF PHARMACY

By

VIRGINIA HEROLD
Executive Officer

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

CERTIFICATE FOR CANCELLATION

Name of Financial Institution (ISSUER):_____

Address:_____

City, State Zip:_____

Name of Applicant/Licensee:_____

Address:_____

City, State Zip:_____

IRREVOCABLE STANDBY LETTER OF CREDIT NO. _____

Beneficiary:

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219
Sacramento, CA 95834

The undersigned, a duly Authorized Representative of the California State Board of Pharmacy (Board) (as defined in the above referenced CREDIT), hereby certifies to the ISSUER that:

1. The license for which the credit was issued has expired or otherwise become inoperable, thereby making the cancellation of the credit appropriate.

2. The Board therefore requests the cancellation of the above-referenced CREDIT.

THEREFORE, the undersigned has executed and delivered this CANCELLATION as of the ___day of _____, 20__ .

CALIFORNIA STATE BOARD OF PHARMACY

By

VIRGINIA HEROLD
Executive Officer

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

CASH DEPOSIT IN LIEU OF BOND

I/We _____, hereinafter referred to as Assignor, whose
NAME OF APPLICANT/LICENSEE

principal place of business is located at _____, do/does hereby assign and set over to the California State Board of Pharmacy (Board), hereinafter referred to as Board, all right, title and interest of any kind whatsoever, owned or held by Assignor in the cash sum of _____dollars ($ _____) identified by Receipt Number _____, which is delivered to the Board pursuant to Section 4162 and/or Section 4162.5 of the Business and Professions Code and Section 995.710 of the Code of Civil Procedure. This assignment is binding on Assignor, his/her heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make application to the Board for a license under Section 4162 and/or Section 4162.5 of the Business and Professions Code to act as a wholesaler or nonresident wholesaler.

Assignor understands that the Board is not authorized to refund said cash deposit until sixty (60) days beyond the date upon which an owner ceases to be licensed by the Board, or ceases to do business as a wholesaler.

Assignor further understands that the Board is authorized to reduce the sum of said cash deposit to the extent of all claims owing the California Board of Pharmacy arising from Assignor's business activities as a third-party logistics provider and reasonable attorney fees and administrative costs incurred in processing claims against such cash deposit; that the reduction of such deposit by any amount shall be grounds for denial of a renewal of the third-party logistics provider license until such time as the cash deposit is restored to its original amount under the provisions of Section 4162 and/or Section 4162.5 of the Business and Professions Code.

Executed in _____, on _____.
City and State Date

_____
Signature of Person Authorized to bind the business

_____
Printed or Typed name of Applicant/Licensee Exactly as shown above

_____
Type Name and Title of Person Authorized to bind the Business