



**California State Board of Pharmacy**

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www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GAVIN NEWSOM, GOVERNOR

**CALIFORNIA THIRD-PARTY LOGISTICS PROVIDER LICENSE  
APPLICATION INSTRUCTIONS**

*If your third-party logistics provider operation is located outside of California, please complete the Nonresident Third-Party Logistics Provider Application.*

A Third-Party Logistics Provider means an entity that provides or coordinates warehousing or other logistics services for dangerous drugs or dangerous devices in intrastate or interstate commerce on behalf of a manufacture, wholesaler, or dispenser of the dangerous drugs or dangerous devices, but does not take ownership of the dangerous drugs or dangerous devices, nor have responsibility to direct its sale or disposition pursuant to Business and Professions Code section 4045.

**IMPORTANT:** Please follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. If the number of forms included in this application is not sufficient, please make copies. Please allow approximately 60 days from the time your application is submitted to check on the status. The contact person designated on the application will be advised if additional information is necessary.

To assist you with the application process and requirements, a checklist is provided with the application. The board encourages the applicant to refer to the checklist to assist with the application process. Further, the board strongly encourages the applicant to submit all supporting documentation along with the application. It is not uncommon for the board to request additional documentation to confirm or substantiate information contained in the application.

**NOTE:** A third-party logistics provider license is nontransferable. An application for a change in ownership or location of a third-party logistics provider must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs, either a temporary permit will need to be pursued or operation must stop until the entity is appropriately licensed by the board. New license numbers are issued for changes of ownership and for changes of location.

**SUMMARY OF CHECKLIST**

Section A	Requirements for All Applicants
Section B	Forms required for an applicant who is filing as an Individual Owner
Section C	Forms required for an applicant who is filing as a Partnership
Section D	Forms required for an applicant who is filing as a Corporation (not publicly traded)
Section E	Forms required for an applicant who is filing as a Publicly Traded Corporation
Section F	Forms required for an applicant who is filing as a Limited Liability Company
Section G	Requirements for an applicant who is Government Owned (state, city or county).
Section H	Bond Requirements
Section I	Fingerprint Requirements

# CHECKLIST FOR FILING A CALIFORNIA THIRD-PARTY LOGISTICS PROVIDER APPLICATION

Use the checklist below to assist in completing the third-party logistics provider application and to provide the required supporting documents for the applicant business' ownership structure.

**ATTENTION:** If the owner is not a natural person, the application shall identify the owner entity's authorized agent. The authorized agent shall be an officer, partner, member, and/or owner of the parent business who is authorized to act for and bind the business. The application shall specify the officers, partners, or members who are a natural person with the applicant business. If there are no officers, partners, and members associated with the applicant business, provide the officers, partners, or members for the parent business as well as including all the required documentation listed below in the appropriate business structure for the parent business. The officer(s) shall be authorized to act for and bind the applicant business.

## Section A All Applicants

All applicants are required to complete and submit the following:

- Third-Party Logistics Provider Application (17A-86):** Complete the entire application and submit with original signatures.
  - **Do Not Leave Blanks:** If an item or question is not applicable, indicate N/A.
  - **Doing Business As (DBA):** If using a DBA, submit a Fictitious Name Statement.
  - **Past Form Submissions:** Any forms previously submitted with another application will **NOT** be pulled and added to a new application. You must complete and submit all requested forms and information.
  - **Change of Ownership:** Provide all required documents for the ownership type, a completed Seller's Certification, and a copy of the pending purchase agreement. A copy of the final sale/closing documents will be required prior to issuance of a license. *The current owner's license must be current at the time the board issues the new license to the new owners as long as the sale has not been fully executed. All approved change of ownership applications result in a new license number being issued.*
  - **Change of Location ONLY:** *A change of physical location requires board approval prior to the change occurring. All approved change of location applications result in a new license number being issued.*
- Application Processing Fee \$780:** Include a check or money order for \$780 made payable to the Board of Pharmacy. This fee is nonrefundable. (Note: Government owned third-party logistics providers are fee exempt.)
  - To apply for a temporary license, an additional fee of \$715 must be submitted in addition to the application processing fee. If other than a change of ownership, include a written letter signed by the owner / partner / officer / member that clearly explains why it is in the best interest of the public that the board should issue the facility a temporary license.
- Responsible Manager:** The application shall include a Personal Background Affidavit (17A-37) form completed by the Responsible Manager.
- A third-party logistics provider has its own licensed designated representative-3PL who is designated as the Responsible Manager for the operations of the third-party logistics provider. The application must list one Designated Representative-3PL to serve as the Responsible Manager. The proposed Responsible Manager listed on the application shall be subject to approval by the board. The board shall not issue a third-party logistics provider license without an approved Responsible Manager for the third-party logistics provider.

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. If the Responsible Manager does not reside in the home state, the third-party logistics provider business must provide the board with a list of licensed designated representative-3PL(s) who are also employed and working at the third-party logistics provider business. There must be one licensed designated representative-3PL on the premises at all times during business operation.
- Surety Bond:** Surety bond or equivalent means of security. Reference Section H of the application instructions for Bond Requirements.

- Fingerprinting:** Each person required to complete a Personal Background Affidavit is required to submit fingerprints. *Not required if the applicant business is owned by the state, city or county.* Please reference Section I of the application instructions for fingerprint requirements.

## **Section B Individual Owner who is not incorporated**

In addition to items listed in Section A, submit the following:

- Personal Background Affidavit (17A-37): Submit a completed form for each of the following:
  - Owner(s) listed on the application in Section VIII – Ownership Information.

## **Section C Partnership**

In addition to items listed in Section A, submit the following:

- Personal Background Affidavit (17A-37): One completed form for each of the following:
  - Each partner as listed on the application in Section VIII – Ownership Information.
  - The Authorized Agent, if listed on the application and not already listed as a partner.
- Business Background Affidavit (17A-18): One completed form for each of the following:
  - The Applicant Business listed on the application.
  - Any owner/entity listed in Section VIII on the application that is not a natural person.
- Partnership Agreement: Current executed partnership agreement.

## **Section D Corporation (Not Publicly Traded)**

In addition to items listed in Section A, submit the following:

- Personal Background Affidavit (17A-37): One completed form for each of the following:
  - Each owner, officer, stockholder listed on the application in Section VIII - Ownership Information and Section IX - Executive Officers.
  - The Authorized Agent, if listed on the application and not already listed as an officer.
- Business Background Affidavit (17A-18): One completed form for each of the following:
  - The Applicant Business listed on the application.
  - Any owner/entity listed in Section VIII on the application that is not a natural person.
- Articles of Incorporation: A copy filed with the Secretary of State for the applicant business and any owner listed on the application that is not a natural person, bearing the Secretary of State's stamp (proof of filing).
- Statement of Information: A copy of the current filing with the Secretary of State bearing the Secretary of State stamp that discloses the officer(s) on file for the entity. 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).
- Organizational Chart: An organizational chart that clearly documents the company's ownership structure, including percentages owned by all parties.

## **Section E Publicly Traded Corporation**

In addition to items listed in Section A, submit the following:

- Personal Background Affidavit (17A-37): One completed form for each of the following:
  - Each officer listed on the application in Section IX - Executive Officers.
  - The Authorized Agent, if listed on the application and not already listed as an officer.
- Business Background Affidavit (17A-18): One form for each of the following:
  - The Applicant Business listed on the application.
  - Any owner/entity listed in Section VIII on the application that is not a natural person.
- Corporation's 10K Filing: Include a copy of the document filed with the Securities Exchange Commission.

## **Section F Limited Liability Company**

In addition to items listed in Section A, submit the following:

- Personal Background Affidavit (17A-37): One completed form for each of the following:
  - Each of the members listed on the application in Section VIII - Ownership Information and Section IX - Executive Officers.
  - The Authorized Agent, if listed on the application and not already listed as a member.
- Business Background Affidavit (17A-18): One completed form for each of the following:
  - The Applicant Business listed on the application.
  - Any owner/entity listed in Section VIII on the application that is not a natural person.
- Articles of Organization: A copy filed with the Secretary of State for the applicant business and any owner listed on the application that is not a natural person.
- Statement of Information: A copy of the current filing with the Secretary of State bearing the Secretary of State stamp that discloses the officer(s) on file for the entity. 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).
- Operating Agreement: Current business operating agreement.
- Organizational Chart: An organizational chart that clearly documents the company's ownership structure, including percentages owned by all parties.

## Section G Government Owned (city, state, and county)

In addition to items listed in Section A, submit the following:

- Personal Background Affidavit (17A-37): Submit one completed form for each of the following:
  - Each officer or partner that is a natural person.
  - The Administrator.
- Letter of Verification: Printed on letterhead of the appropriate governing authority indicating that the facility is government owned.
- Name of the Director of Public Health: Or name of the responsible party for the wholesale operation.
- Organizational Structure: Provide an organizational chart that clearly documents the company's structure.

## Section H Bond Requirements

Pursuant to Business and Professions Code section 4162 an applicant for the issuance of a third-party logistics provider license shall submit a surety bond as listed below. *Government owned and operated third-party logistics providers are exempt from the bond requirement.*

- A surety bond of \$90,000 made payable to the Pharmacy Board Contingency 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 a 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 in the amount of \$90,000 will cover all licensed third-party logistics providers 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 which 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.
  - Surety bond exemption letter: A person or entity to whom an approved new drug application has been issued by the United States Food and Drug Administration who engages in the wholesale distribution of only the dangerous drug specified in the new drug application, and is licensed or applies for licensure as a third-party logistics provider, shall not be required to post a surety bond as specified in Business and Professions Code section 4162.
  - A letter of verification from the bond company to confirm the bond remains in effect along with the current bond renewal date may be required.
- SURETY BOND:** Submit one of the following means of security (A, B, or C).
- A. Surety Bond:** Complete and submit the appropriate Surety Bond form that identifies the bond you are submitting (\$90,000 or \$25,000). Provide a letter from the Surety Bond or bank reflecting the renewal date. If submitting a \$25,000 bond, include copies of the previous year's tax return. If you are adding a location to an existing bond, please provide a copy of the original bond and a rider reflecting the location of the address being added.

- B. Irrevocable Standby Letter of Credit:** Complete and submit the Irrevocable Standby Letter of Credit form with the application. Provide a letter from the Surety Bond or bank reflecting the renewal date. If submitting a \$25,000 letter of credit, include copies of the previous year's tax return.
- C. Cash Deposits:** Complete and submit the Cash Deposit form with the application. If submitting a \$25,000 cash deposit, include copies of the previous year's tax return. Checks should be made payable to the Pharmacy Board Contingent Fund.

## Section I Fingerprints (Not required if the applicant business is owned by the state, city or county.)

Each owner, partner, officer, member, stockholder, and authorized agent listed on the application is required to complete the Live Scan or fingerprint cards. *If a person is currently associated with an active license and has fingerprints already 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. Nonresidents can visit California to complete a Live Scan or must submit professionally rolled fingerprints on cards supplied by the board.
- DO NOT complete the Live Scan form prior to fingerprinting or fingerprint cards until the cards are ready to send with the application.
- The Live Scan site may charge a processing fee.
- Fingerprint card processing fee is \$49 per person (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy.
- The board will accept 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 the person has completed the Live Scan process and provides tracking information. It is the responsibility of the person 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 a fingerprint clearance where 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>
- **Type of License/Certification/Permit or Working Title:** Wholesaler – Section 4305.5
- Full Name: Must be EXACTLY THE SAME as the name on your state driver's license or state-issued identification card. (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the name on your application.
- **Date of Birth:** Do not omit. If left blank, you may have to reprint.
- **Social Security Number (SSN):** If left blank, you may have to reprint.
- **Level of Service:** Must include both DOJ and FBI.

**B. Non-California Resident:** The person being fingerprinted may visit California and complete Live Scan. If he/she cannot complete the Live Scan then two rolled fingerprint cards must be submitted to the board for each individual.

- Only fingerprint cards provided by the Board of Pharmacy 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 fingerprint card processing fee of \$49 for each person (\$32 DOJ and \$17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for both the application processing fee and fingerprint processing fee(s).
- Print legibly or type personal information on the fingerprint cards. If the person's personal information is not legible and DOJ enters the information incorrectly, he/she will be responsible to submit new fingerprint cards and pay the \$49 fingerprint processing fee again. DOJ will NOT correct print results due to illegible fingerprint cards.
- Fingerprints must be taken by a person professionally trained to roll fingerprints.
- Fingerprint clearances from cards take approximately six weeks.
- Poor quality prints will be rejected by DOJ/FBI and will cause delay because new fingerprint cards will be required.



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DEPARTMENT OF CONSUMER AFFAIRS  
GAVIN NEWSOM, GOVERNOR

**CALIFORNIA THIRD-PARTY LOGISTICS PROVIDER LICENSE APPLICATION**

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

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

Name of Business As it will Appear on the License – may include DBA (Cannot exceed 70 characters including spaces):			
Legal Name of Applicant Business:			
Location of Business:	Number and Street	City	State Zip Code
Email Address:	Telephone Number of Applicant Business: ( )		

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

<input type="checkbox"/> New Third-Party Logistics Provider License: Anticipated Opening Date: _____
<input type="checkbox"/> Change of Ownership <input type="checkbox"/> Temporary License Request (additional fee required)
<input type="checkbox"/> Change of Physical Location

**III. Business Structure of the Applicant Business**

<input type="checkbox"/> Individually Owned <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <small>(not publicly traded)</small>
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**IV. Change of Ownership or Location** Provide the current name, address and license number of wholesaler.

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

**V. Applicant Business Operations**

Will this entity serve as a reverse Third-Party Logistics Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO
Does this location also have a wholesaler license that is conducting business from this location? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list name and license number.

<b>This 3PL will ship to:</b> (Check all that apply) <input type="checkbox"/> Drug Manufactures <input type="checkbox"/> Drug Repackager <input type="checkbox"/> Wholesaler <input type="checkbox"/> Reverse Distributor <input type="checkbox"/> Pharmacies <input type="checkbox"/> Hospitals <input type="checkbox"/> Other: _____	<b>Type of products this 3PL will handle:</b> (Check all that apply) <input type="checkbox"/> Dangerous Drugs <input type="checkbox"/> Controlled substances <input type="checkbox"/> Dangerous devices <input type="checkbox"/> Biologicals <input type="checkbox"/> Veterinary drugs <input type="checkbox"/> Medical gases <input type="checkbox"/> Dialysis supplies <input type="checkbox"/> Over-the-counter medications <input type="checkbox"/> Acupuncture Needles
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**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: _____

**VI. Responsible Manager**

List the designated representative-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 licensed designated representative-3PL on the premises at all times during business operation.*

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

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

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**VIII. Ownership Information**

*California Business and Professions Code section 4035 specifies "person" includes firm, association, partnership, corporation, limited liability company, state governmental agency, or political subdivision.*

The application shall provide information to identify the ownership of the applicant business. This may include a parent company as well as each officer, partner, member (as appropriate) for the applicant business. Please provide an organizational chart that clearly documents the applicant business' ownership structure, including percentages owned by all parties.

An owner that is an entity is required to complete the Business Background Affidavit (17A-18), and shall be signed by its authorized agent. Any natural person listed on the application is required to complete a Personal Background Affidavit (17A-37).

*The board may require additional documentation to confirm or substantiate the reported ownership structure at any time during the application process.*

**Entities:**

If the applicant business is owned by an entity (not a natural person), the application shall identify each parent entity that is beneficially interested in the applicant business, and identify its authorized agent. The authorized agent shall be an officer, partner, member, and/or owner of the parent business.

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:

**Natural Person(s):**

Provide the name(s) of each owner, partner, member, and/or stockholder (as appropriate) who is a natural person / owner of the applicant business. If there are no natural persons of the applicant business, list the owners, members, or partners (as appropriate) who are natural persons for the parent business as listed in the Entities section. Natural persons identified shall be authorized to act for and bind the applicant business.

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

**IX. Executive Officer(s) Information (Corporations and Limited Liability Company)**

Provide the name(s) of each executive officer for the applicant business. If there are no officers of the applicant business, list the officers for the parent business as listed in the Entities section in Section VIII.

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



**X. Background Information**

List ALL states in which the applicant business is, or has been, licensed as a wholesaler, pharmacy, third-party logistics provider, 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.

State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State	License Type/Number	Issue Date	Has any disciplinary or criminal action been taken against this license?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**XI. 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 discuss the status of this application only with the authorized person identified above, or a person who has signed the application as an authorized owner, officer, partner, or member of the applicant business. An authorized owner may designate additional individuals to receive information on this pending application. Use the Authorization to Release Applicant Information form.

**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) 518-3100, 2720 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833. 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 an owner, officer, partner, or member of the applicant business listed 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 applicant 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 as an owner, officer, partner, or member on the application)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position 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 officer, partner, member, and/or owner 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 Business DBA if different than above				
Address of Business:	Number and Street	City	State	Zip Code

I, \_\_\_\_\_, hereby 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



2. Has this business ever been in violation of any provisions of California pharmacy law, including regulations? Yes  No

If "yes," 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. Has this business 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. Yes  No

**Applicant Affidavit**

Please read carefully and sign below.

*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 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.*

\_\_\_\_\_  
Original Signature of Authorized Person or Agent Date

\_\_\_\_\_  
Print Name Title



**California State Board of Pharmacy**

2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
Phone: (916) 518-3100 Fax (916) 574-8617  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GAVIN NEWSOM, GOVERNOR

**PERSONAL BACKGROUND AFFIDAVIT**

Please print or type

**All blanks must be completed; if not applicable enter "N/A".**

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

Name of Applicant Business:	Business telephone number:
Address of Applicant Business:	Number and Street City State Zip

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

Owner
  Partner
  Officer
  Stockholder
  Member
  Designated Representative-in-Charge  
 Responsible Manager
  Other: Specify Position \_\_\_\_\_

List any professional or vocational licenses (e.g. pharmacist, physician, podiatrist, dentist, veterinarian, attorney or accountant, etc.) held in any state by the individual completing this form, including California. Provide the license number (if applicable).

License Held	State Issued	License Number

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?  If the answer is "yes," provide the following information for each action taken, including cancelled permits. (Use additional sheets if necessary.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:
Business Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

2.	<p>Have you ever had an intern pharmacist, pharmacist, pharmacy technician, designated representative/3PL, pharmacy license, and/or any other professional or vocational license or registration, denied, suspended, revoked, placed on probation or had other disciplinary action taken by this or any other government authority in California or any other state?</p> <p><b>If "yes," provide the name of company, type of permit, type of action, year of action and state.</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%;">Type of License:</td> <td style="width:15%;">License #:</td> <td style="width:25%;">Type of Action:</td> <td style="width:15%;">Year of Action:</td> <td style="width:15%;">State:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Type of License:</td> <td>License #:</td> <td>Type of Action:</td> <td>Year of Action:</td> <td>State:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Type of License:	License #:	Type of Action:	Year of Action:	State:						Type of License:	License #:	Type of Action:	Year of Action:	State:						Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of License:	License #:	Type of Action:	Year of Action:	State:																		
Type of License:	License #:	Type of Action:	Year of Action:	State:																		
3.	<p>Have you ever been in violation of any provisions of California pharmacy law, including regulations?</p> <p><b>If "yes," list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%;">Type of License:</td> <td style="width:15%;">License #:</td> <td style="width:25%;">Type of Action:</td> <td style="width:15%;">Year of Action:</td> <td style="width:15%;">State:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Type of License:</td> <td>License #:</td> <td>Type of Action:</td> <td>Year of Action:</td> <td>State:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Type of License:	License #:	Type of Action:	Year of Action:	State:						Type of License:	License #:	Type of Action:	Year of Action:	State:						Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of License:	License #:	Type of Action:	Year of Action:	State:																		
Type of License:	License #:	Type of Action:	Year of Action:	State:																		
4.	<p>Do you currently engage or have you previously engaged in the illegal use of controlled substances?</p> <p><b>If "yes," are you currently participating in a supervised substance abuse program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Attach a statement of explanation.</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If "yes," have you participated in a substance abuse program in the past five years? Attach a statement of explanation.</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
5.	<p>Have you ever been convicted of, or pleaded guilty or nolo contendere/no contest to, any crime, in any state, the United States or its territories, a military court, or any foreign country? Include any felony or misdemeanor offense, and any infraction involving drugs or alcohol with a fine of \$500 or more. You must disclose a conviction even if it was: (1) later dismissed or expunged pursuant to Penal Code section 1203.4 et seq., or an equivalent release from penalties and disabilities provision from a non-California jurisdiction, or (2) later dismissed or expunged pursuant to Penal Code section 1210 et seq., or an equivalent post-conviction drug treatment diversion dismissal provision from a non-California jurisdiction. Failure to answer truthfully and completely may result in the denial of your application.</p> <p>NOTE: You may answer "NO" regarding, and need not disclose, any of the following: (1) criminal matters adjudicated in juvenile court; (2) criminal charges dismissed or expunged pursuant to Penal Code section 1000.4 or an equivalent deferred entry of judgment provision from a non-California jurisdiction; (3) convictions more than two years old on the date you submit your application for violations of California Health and Safety Code section 11357, subdivisions (b), (c), (d), or (e), or California Health and Safety Code section 11360, subdivision (b); and (4) infractions or traffic violations with a fine of less than \$500 that do not involve drugs or alcohol.</p> <p>You may wish to provide the following information in order to assist in the processing of your application: descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident). If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p><b>Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.</b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:15%;">Arrest Date</th> <th style="width:15%;">Conviction Date</th> <th style="width:20%;">Violation(s)</th> <th style="width:10%;">Case #</th> <th style="width:40%;">Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)																Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)																		

## APPLICANT AFFIDAVIT

**Please read carefully and sign below.**

Disclosure of your U.S. Social Security number or Individual Taxpayer Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number or individual taxpayer identification number. Your social security number or individual taxpayer identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number or individual taxpayer identification number, your application will not be processed and you may 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 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 your state tax obligation is not paid.

***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. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.***

---

Original Signature of Applicant (signed and dated within 60 days of filing the application)

Date

---

Printed Name

Title





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

**LICENSE VERIFICATION**

This form is to be completed by the licensing authority in the 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.

**A. TO BE COMPLETED BY APPLICANT** (Please print or type)

Name of Applicant:		Telephone Number:	
Address:	City	State	Zip Code
Type of License:	License Number:	Date Issued:	Expiration Date:

The business listed above has applied for a license in California. Before further consideration is given to this application, the California State Board of Pharmacy 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.

**B. TO BE COMPLETED BY THE STATE LICENSING BOARD OR AGENCY VERIFYING LICENSURE**

Licensee's Business Name:		Licensure Verification Provided by the State of:	
Address:	City	State	Zip Code
Type of License Issued:	License Number:	Date License Issued:	Expiration Date:
License Status (please check one box): Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain: _____			
Has this agency taken any disciplinary action against this license?		Yes	<input type="checkbox"/> No <input type="checkbox"/>
If disciplinary action has been taken against this licensee, please directly provide this office with the accusation/proposed charges and decision/final order regarding the action. _____			

I hereby certify the information listed in Section "B" above is true and correct.

*Board Seal*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of Authorized Official

\_\_\_\_\_  
Date



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**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

**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-plugged 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.

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please print) Last First Middle

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

POB: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GAVIN NEWSOM, GOVERNOR

**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, \_\_\_\_\_ doing business as a third-party logistics provider, whose address for purposes of service is \_\_\_\_\_  
(Applicant),

\_\_\_\_\_, as PRINCIPAL, and \_\_\_\_\_  
(address of Applicant) (Surety Company),

a corporation organized under the laws of \_\_\_\_\_ and authorized to transact a general surety business in the State of  
(state of incorporation)

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

SURETY COMPANY

\_\_\_\_\_

Surety Company's Representative

\_\_\_\_\_, *Attorney-in-Fact*

*print name*

\_\_\_\_\_

Principal's Authorized Representative

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

\_\_\_\_\_

Witness

\_\_\_\_\_

Witness

\_\_\_\_\_

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  
 GAVIN NEWSOM, GOVERNOR

**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, \_\_\_\_\_ doing business as a third-party logistics provider, whose address for purposes of service is \_\_\_\_\_

(Applicant),

\_\_\_\_\_, as PRINCIPAL, and \_\_\_\_\_

(address of Applicant)

(Surety Company),

a corporation organized under the laws of \_\_\_\_\_ and authorized to transact a general surety business in the State of

(state of incorporation)

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

SURETY COMPANY

\_\_\_\_\_

Surety Company's Representative

\_\_\_\_\_, *Attorney-in-Fact*

*print name*

\_\_\_\_\_  
Principal's Authorized Representative

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Countersigned by:

\_\_\_\_\_  
California Resident Agent





**California State Board of Pharmacy**

2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
Phone: (916) 518-3100  
Fax (916) 574-8618

**BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GAVIN NEWSOM, GOVERNOR**

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  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
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**

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Sacramento, CA 95833  
Phone: (916) 518-3100  
Fax (916) 574-8618

**BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GAVIN NEWSOM, GOVERNOR**

**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  
2720 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833

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  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833  
 Phone: (916) 518-3100  
 Fax (916) 574-8618

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
 DEPARTMENT OF CONSUMER AFFAIRS  
 GAVIN NEWSOM, GOVERNOR

**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  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833

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

2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100
Fax (916) 574-8618

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GAVIN NEWSOM, GOVERNOR

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