



Virginia Department of
Health Professions
Board of Pharmacy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR A PERMIT AS A NON-RESTRICTED MANUFACTURER

Check Appropriate Box(es):

- | | | | |
|--|-----------|--|------------|
| ☐ New | \$1000.00 | ☐ Change of Supervising Person | \$125.00 |
| ☐ Change of Ownership | \$125.00 | ☐ Change of Location or Remodel | \$435.00 |
| ☐ Change of Tradename | No Fee | ☐ Reinstatement | Call Board |

The required fees must accompany the application. Fees are nonrefundable.

Make check payable to "Treasurer of Virginia".

A list of all drugs to be manufactured must accompany this application. If the only manufacturing process is to repackage oxygen, check here. ☐

A *curriculum vitae* of the supervising pharmacist or other qualified person must be included with the application.

Will this facility be handling any Schedule II through V controlled substances? ☐ Yes ☐ No

If yes, a controlled substance registration is required. (Application is available www.dhp.virginia.gov/pharmacy)

If reinstatement, complete the following:

- Request for reinstatement is due to ☐ lapse of permit ☐ suspension or revocation of permit
- Has this facility operated as a restricted manufacturer during the time the permit was lapsed, suspended, or revoked? ☐ Yes ☐ No

SECTION A – ALL APPLICANTS

Name of Firm		Federal Employer Identification Number (FEIN)	
Street Address		Telephone Number	
City	State VA	Zip Code	
Virginia NR Manufacturer Permit Number (if applicable) 0208-	Email Address for Responsible Person:		
Supervising Pharmacist, Chemist, Other Qualified Person		Profession or Training	
Signature of Applicant			
I attest that the information contained in this application is accurate.			Date _____

For Finance and Board use only			0208
Date:	Applicant Number:	Receipt Number:	Check Number:
Date issued:	Reviewed by and date:	Date sent for Inspection:	Scanned by:

SECTION B - INSPECTION

Contact information to schedule an inspection

Expected Opening, Moving, or Remodel
Completion Date

Requested Inspection Date

A 14-day notice is required for scheduling an inspection. Drugs may not be stocked before inspection and approval. An inspector will call or email before the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the pharmacist should contact the Board at pharmbd@dhp.virginia.gov to inquire.

SECTION C - OWNERSHIPOWNERSHIP TYPE—check one: Corporation ☐ Partnership ☐ Individual ☐ Other ☐Name of ownership entity or
individual:

Street Address:

Phone No.

City:

State
:

Zip Code:

State(s) of incorporation:

List all other trade or business names used by this practice – Attach a separate sheet if needed.

Name: _____

Name: _____

Please list any partner or partners, member or members (owners) and, if a corporation, then the corporate officers and directors - Attach a separate sheet if needed.

Name: _____ Title: _____

Mailing Address: _____

Name: _____ Title: _____

Mailing Address: _____