



APPLICATION FOR A RE-INSPECTION OF FACILITY

This application is intended for facilities that have had a recent **new, remodel or change of location inspection**, subsequently failed inspection, and require a re-inspection.

Check Appropriate Box(es):

☐ Pharmacy	\$435.00	☐ Non-Restricted Manufacturer	\$435.00
☐ Physician Selling Drugs Location	\$435.00	☐ Restricted Manufacturer	\$435.00
☐ Warehouse	\$435.00	☐ Wholesale Distributor	\$435.00
☐ Medical Equipment Supplier	\$435.00	☐ Third Party Logistics Provider	\$435.00
☐ Controlled Substance Registration	\$435.00	☐ Outsourcing Facility	\$435.00
☐ Limited Use Facility Dispensing	\$435.00		
Permit for Nonprofit			

Application fees are not refundable. Applications are valid for one year from the date of receipt. The required fees must accompany the application. Make check payable to "Treasurer of Virginia". Please provide the information requested below. Send **ORIGINAL** application to the Board for processing.

Please provide the information requested below.		
Name of Facility		
Street Address		Area Code and Telephone Number
City	State	Zip Code
Current Facility License. If Pending licensure, check box here: ☐		Requested Re-inspection Date ¹
02 _____		

¹ A 14-day notice is required for scheduling a re-inspection. An inspector will call before the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the applicant/licensee should contact the Board to be connected with the assigned inspector.

For Finance and Board use only			02
Date:	Applicant Number:	Receipt Number:	Check Number: