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

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

CALIFORNIA THIRD-PARTY LOGISTICS PROVIDER LICENSE APPLICATION INSTRUCTIONS

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 manufacturer, 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 insufficient, please make copies. Please allow approximately 45 days from the date your application is submitted before checking on the status. The contact person designated on the application will be advised if additional information is necessary.

A checklist is provided with these instructions. The Board encourages the submission of all required documentation with the application as well as the use of the checklist to assist with the application process. The Board may request additional documentation to confirm or substantiate information in the application. When submitting documents to the Board, please make a copy for your records.

SUMMARY OF CHECKLIST

Section A **Third-Party Logistics Provider Application and Processing Fee (All Applicants)**

Section B **Change of Ownership / Location**

Section C **Third-Party Logistics Provider Ownership Documents (All Applicants) -** Please refer to the respective ownership section (C1-C7) in the application instructions to identify the appropriate ownership documents to submit with the application.

- **C1 Individually Owned**
- **C2 Partnership**
- **C3 Corporation (Not Publicly Traded)**
- **C4 Publicly Traded Corporation**
- **C5 Limited Liability Company**
- **C6 Trust**
- **C7 Government Owned (state, city or county)**

Section D **Bond Requirements (All applicants except government owned)**

Section E **Fingerprint Requirements (All Applicants)**

CHECKLIST FOR FILING A CALIFORNIA THIRD-PARTY LOGISTICS PROVIDER APPLICATION

Section A Third-Party Logistics Provider Application and Processing Fee (All Applicants)

All applicants are required to complete and submit the following:

1. **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 completed Fictitious Business Name Statement that has been certified by the Office of the County Clerk in the county in which it was filed.

2. **Application Processing Fee postmarked through March 31, 2020 is $780.**
   Effective April 1, 2020, the application fee postmarked On or After April 1, 2020 is $820.00.
   Include a check or money order made payable to the California State Board of Pharmacy. This fee is nonrefundable. (Note: Government owned third-party logistics provider 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 and/or location, include a written letter signed by the owner / partner / officer / member that clearly explains why it is in the best interest of the public for the Board to issue the facility a temporary license. This fee is nonrefundable.

3. **Responsible Manager:** A third-party logistics provider must have 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. (Business and Professions Code section 4160)

4. **Organizational Chart:** Provide a business ownership organizational chart that clearly documents the applicant business' ownership structure with the application. Include percentages owned by all parties and list the top five executive officers under the appropriate entity. If submitting a change of ownership application, include both the pre and post-closing organizational structures.

Section B Change of Ownership / Location

A third-party logistics provider license is nontransferable. A license is issued to the owner(s) and for the location of the facility. All approved change of ownership and change of location applications will result in a new license

number being issued. Operating the facility prior to a new license being issued is unlicensed activity and may result in denial or disciplinary action by the Board.

Change of Ownership Documentation: In addition to the application requirements in Sections A, C, D, and E submit the following for a change of ownership application.

- Seller's Certification (17A-8)
- Copy of the signed proposed purchase agreement.
- A copy of the final sale/closing documents will need to be submitted by the applicant applying for the third-party logistics provider license prior to the issuance of the license.
- Organizational Chart: Provide a business ownership organizational chart that clearly documents the applicant's business ownership structure with the application. Include both the pre- and post-closing business ownership structure that includes each level of ownership with corresponding percentage of ownership.

Section C Third-party logistics provider Ownership Documents (All Applicants)

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

California Business and Professions Code section 4201(a) requires that "… the application shall state the information as to each person beneficially interested therein or any person with management or control over the license."

The application shall provide information to identify the ownership of the applicant business. The Board may require additional documentation to confirm or substantiate the reported ownership structure.

Provide ownership documents listed under the appropriate ownership type in Section C for the applicant business.

C1 Individual Owner (Sole Proprietor) In addition to items listed in Sections A, D, and E submit the following:

- The individual owner needs to complete and submit a Personal Background Affidavit (17A-37)

C2 Partnership In addition to items listed in Sections A, D, and E submit the following:

1. Personal Background Affidavit (17A-37):
   - Partner(s)
   - Executive officer(s)
     (If the applicant business does not hold executive officers, list the executive officers for the parent entity or the entity above the parent which holds the executive officers. The executive officer(s) must be identified by name and officer title on the organizational chart.)

2. Business Background Affidavit (17A-18):
   - The applicant business
   - The parent entity(ies)

3. Partnership Agreement: Provide a copy of the current executed partnership agreement for the applicant business.

C3 **Corporation (Not Publicly Traded)** In addition to items listed in Sections A, D, and E submit the following:

1. Personal Background Affidavit (17A-37):
   - Executive officer(s)
     (If the applicant business does not hold executive officers, list the executive officers for the parent entity or the entity above the parent which holds the executive officers. The executive officer(s) must be identified by name and officer title on the organizational chart.)

2. Business Background Affidavit (17A-18):
   - The applicant business
   - The parent entity(ies)

3. Articles of Incorporation: Provide a copy of the Articles of Incorporation filed with the Secretary of State for the applicant business bearing the Secretary of State's stamp (proof of filing).

4. Statement of Information (a or b):
   a. Provide a copy of the current filing with the Secretary of State bearing the Secretary of State's stamp that discloses the current officers on file for the entity. For more information, go to http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf.

   OR

   b. Statement by Foreign Corporation **endorsed** by the California Secretary of State. *This is only required if the named corporation on the application is incorporated outside of California.*

5. Stock Certificates and Stock Ledger: Provide a copy of stock certificate(s) front and back along with a copy of the stock ledger, if stocks are issued. If stocks are not issued, please provide a statement that states as such signed by an officer listed on the application.

6. Bylaws: Provide a copy of the bylaws or internal operating rules for the applicant business.

C4 **Publicly Traded Corporation** In addition to items listed in Sections A, D, and E submit the following:

1. Personal Background Affidavit (17A-37):
   - Executive officer(s)

2. Business Background Affidavit (17A-18):
   - The applicant business

3. Corporation's 10K Filing: Provide a copy of the document filed with the Securities Exchange Commission.

C5 **Limited Liability Company** In addition to items listed in Sections A, D, and E submit the following:

1. Personal Background Affidavit (17A-37):
   - Members
   - Executive officer(s)

(If the applicant business does not hold executive officers, list the executive officers for the parent entity or the entity above the parent which holds the executive officers. The executive officer(s) must be identified by name and officer title on the organizational chart.)

2. Business Background Affidavit (17A-18):
   - The applicant business
   - The parent/member entity(ies)

3. Articles of Organization: Provide a copy of the Articles of Organization filed with the Secretary of State for the applicant business.

4. Statement of Information (a or b):
   a. Provide a copy of the current filing with the Secretary of State bearing the Secretary of State's stamp that discloses the current officers on file for the entity. For more information, go to http://www.sos.ca.gov/business/corp/pdf/so/corp_so350.pdf

   OR

   b. Statement by Foreign Corporation **endorsed** by the California Secretary of State. *This is only required if the named corporation on the application is incorporated outside of California.*

5. Operating Agreement: Current business operating agreement for the applicant business.

C6 **Trust** In addition to items listed in Sections A, D, and E submit the following:

1. Personal Background Affidavit (17A-37):
   - Trustee(s)

2. Business Background Affidavit (17A-18):
   - The applicant business

3. Trust Document: Provide a copy of the trust or documentation signed under penalty of perjury by the authorized representative of the trust that lists the name(s) of the trustee(s) and beneficiaries, including the percentages of their interest in the trust.

C7 **Government Owned (city, state, and county)** In addition to items listed in Section A, submit the following:

1. Personal Background Affidavit (17A-37):
   - Administrator or the person within the government agency that is responsible for the operations of the third-party logistics provider business listed in Natural Persons on the application. This person is required to sign and date the application.

2. Letter of Verification: Provide a letter of verification printed on letterhead of the appropriate governing authority indicating that the facility is government owned.

3. Responsible Party: Provide a statement on letterhead signed by the appropriate governing authority indicating the name of the administrator or the person responsible for the operations of the third-party logistics provider business within the government agency.

4. Organizational Structure: Provide an organizational chart that clearly identifies the administrator or the person responsible for the operations of the third-party logistics provider business within the government agency.

Section D 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 Contingent 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 Contingent 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: Submit one of the following means of security (A, B, C or D).

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. 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.
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.
D. **Bond Exemption**: Surety bond exemption letter. A person or entity to whom an approved new drug application (NDA) has been issued by the United States Food and Drug Administration who engages in the wholesale distribution of only the dangerous drug or dangerous devices 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. The exemption letter needs to be on company letterhead signed by an owner/officer of the applicant business and shall include a list of manufactured drugs (including the respective NDA number(s) issued by the United States Food and Drug Administration) and a statement that the applicant business only distributes its own product.

Section E Fingerprint Requirements (All Applicants)

Each person who is required to complete a Personal Background Affidavit (as instructed in Section C) is required to complete the Live Scan or submit the Board approved fingerprint cards for a criminal background check with the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). *If a person is currently associated with an active third-party logistics provider license and has electronic fingerprints already on file with the California State Board of Pharmacy, new fingerprints may not be required.*

ALL applicants including nonprofit organizations must complete the fingerprint requirement. (Government owned facilities are exempt from this requirement.)

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 submit fingerprints on cards supplied by the Board. The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g. law enforcement agency) in the state the services are rendered.
- DO NOT complete the Live Scan service or fingerprint cards until the applicant is ready to send in 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 that the individual being fingerprinted has completed the Live Scan process and provides tracking information. It is the responsibility of the individual being fingerprinted to verify that all personal information entered by the Live Scan operator is correct prior to the operator's submission. The Board of Pharmacy will not accept clearances by the DOJ/FBI if the personal information is incorrect. Receipt of incorrect information by the DOJ/FBI will result in the individual having to complete a new Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to https://oag.ca.gov/fingerprints/locations
- The individual being fingerprinted must ensure the following information is correct when completing the Live Scan:
  - **Type of License/Certification/Permit or Working Title:** Wholesaler – Section 4305.5
  - **Full Name:** Must be EXACTLY THE SAME as the individual's name on his/her state-issued driver's license or state-issued identification card (Jr., II, etc., must be included). It also must be EXACTLY THE SAME as the individual's name on the application.
  - **Date of Birth:** Do not omit. If left blank, he/she may have to reprint.
  - **Social Security Number (SSN):** If left blank, he/she may have to reprint.
  - **Level of Service:** Must include both DOJ and FBI.

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

- 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 or via email to rxforms@dca.ca.gov.
- Fee: Include fingerprint card processing fee of $49 for each individual being fingerprinted ($32 DOJ and $17 FBI) made payable to the Board of Pharmacy. You may submit one check or money order for both the application processing fee and fingerprint card processing fee(s).
- Print legibly or type personal information on the fingerprint cards. If the personal information of the individual being fingerprinted is not legible and DOJ enters the information incorrectly, he/she

will be responsible to submit new fingerprint cards and pay the $49 fingerprint card processing fee again. DOJ will NOT correct print results due to illegible fingerprint cards.

- The fingerprint cards must be processed at a location authorized to complete fingerprint cards for the DOJ/FBI (e.g. law enforcement agency) in the state the services are rendered.
- Fingerprint 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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CALIFORNIA THIRD-PARTY LOGISTICS PROVIDER (3PL) LICENSE APPLICATION

1. **Applicant Information** (Name of 3PL cannot exceed 65 characters including spaces)

_____
Name of 3PL as it will appear on the License – may include DBA

_____
If different from above, list Legal Name of 3PL

_____
Location of 3PL Street City State Zip Code

_____ _____
Email Address of 3PL Telephone Number

2. **Type of Application** ___ Temporary License Request
___ New 3PL _____ Anticipated Opening Date
___ Change of Ownership _____ Anticipated Change of Ownership Date
___ Change of Location: _____ Anticipated Move Date

3. **Type of Ownership** (check one)

Individual ____	Partnership ____	Limited Liability Company ____	Trust ____
Government ____	Corporation ____	Nonprofit Corporation ____	Publicly Traded ____

Provide the FEIN # (Federal Employer ID #) _____ - _____

4. **Contact Person:** The Board will ONLY discuss the status of this application with the person identified as the contact person and any person who has signed the application as an officer, partner, member, and/or owner of the applicant business. An authorized owner may designate additional individuals to receive information on this pending application by submitting the Authorization to Release Applicant Information form. The Board will communicate deficiencies and status of application to the contact person via email.

_____ _____ _____
Name of Contact Person Telephone Number Email Address

_____
Address Street City State Zip Code

For Board Use ONLY Date Cashiered: _____
Date Processed: _____ Date Issued: _____ Cashiering #: _____
Processed by: _____ Issued by: _____ Amount Received: _____

5. **Change of Ownership or Location** Provide the exact name, address, location, and license number as listed on the current Third-Party Logistics Provider license.

_____ _____
Name listed on the Current 3PL License License Number

_____
Address: Street City State Zip Code

_____ _____
Expiration Date of License Effective Date of Change of Ownership/Location

6. **Applicant Business Operations**

A. Will this business SOLELY operate as a 3PL Reverse Distributor?
_____ Yes _____ No

B. Is there a wholesaler operation at the address listed above?
_____ Yes _____ No If yes, list name and license number. _____

Is the wholesaler and third-party logistic provider under common ownership?
_____ Yes _____ No

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

Pharmacies _____	Hospitals _____	Wholesalers _____	Drug Manufactures _____
Drug Repackagers _____	Reverse Distributors _____	Other _____ Identify:	

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

Dangerous Drugs _____	Controlled Substances _____	Dangerous Devices _____	Biologics/ Biosimilars _____	Veterinary Drugs _____
Medical Gases _____	Dialysis Supplies _____	Over-the-Counter Medication _____	Acupuncture Needles _____	Other _____

7. **Responsible Manager**

List the designated represenative-3PL to serve as the responsible manager at this 3PL 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.

_____ _____
Name of DRIC License Type and Number

_____ _____
Telephone Number of DRIC Email Address

_____ _____
Original Signature of DRIC Date

8. Ownership Information

California Business and Professions Code section 4035 specifies “person" includes firm, association, partnership, corporation, limited liability company, state governmental agency, trust, 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 and 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.

Complete and submit a Business Background Affidavit (17A-18) for an entity listed under this section signed by its authorized agent. Any natural person listed on the application needs to complete and submit 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), identify each parent entity that has beneficial interest and has management and control of the applicant business, and identify its authorized agent. The authorized agent shall be an officer, partner, member, owner, or trustee of the parent business who is authorized to bind the business. Please submit a Business Background Affidavit form (17A-18) for each entity listed.

_____ _____

Name of Partnership % Owned Telephone Number

_____ _____

Name of Authorized Agent Telephone Number

_____ _____

Name of Partner 1 % Owned Telephone Number

_____ _____

Name of Authorized Agent Telephone Number

_____ _____

Name of Partner 2 % Owned Telephone Number

_____ _____

Name of Authorized Agent Telephone Number

_____ _____

Name of Corporation % Owned Telephone Number

_____ _____

Name of Authorized Agent Telephone Number

Name of Limited Liability Company % Owned Telephone Number

Name of Authorized Agent Telephone Number

Name of Government Agency or Trust % Owned Telephone Number

Name of Authorized Agent Telephone Number

<u>Natural Person(s):</u> LIST ALL TITLES, IF SERVING IN MORE THAN ONE CAPACITY.
Provide the name(s) of each owner, partner, member, stockholder, trustee, or administrator (government owned) who is a natural person of the applicant business. If there are no natural person(s) under the applicant business, list the owner(s), partner(s), member(s), stockholder(s), trustee(s), or administrator (government owned) 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.

Position Title(s) Full Legal Name % of Ownership

Position Title(s) Full Legal Name % of Ownership

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Position Title(s) Full Legal Name % of Ownership

Position Title(s) Full Legal Name % of Ownership

Executive Officer(s) Information LIST ALL TITLES, IF SERVING IN MORE THAN ONE CAPACITY.
Provide the name(s) of the top five executive officer(s) for the applicant business. If there are no officers of the applicant business, list the top five officer(s) for the parent business as listed in the Entities section.

Position Title(s)	Full Legal Name	% of Ownership
Position Title(s)	Full Legal Name	% of Ownership
Position Title(s)	Full Legal Name	% of Ownership
Position Title(s)	Full Legal Name	% of Ownership
Position Title(s)	Full Legal Name	% of Ownership

9. Background Information

List ALL states/territories in which the applicant business is or has been licensed as a wholesaler, pharmacy, third-party logistics provider, manufacturer, or re-packager. If the applicant business does not hold any other license, please indicate None. ***Use additional copies, 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	Expiration Date	Has any disciplinary or criminal action been taken against this license?
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No

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 a 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**. Any application not completed within 60 days after being notified by the Board of deficiencies may be deemed to have been abandoned, and the applicant will be required to file a new application and meet all the requirements that are in effect at the time of application. Fees applied to this application are not transferable or refundable.** Failure to provide any of the requested

information may result in the application being considered incomplete. Any material misrepresentation in the answer of any question is grounds for denial or subsequent revocation of the 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 at the California State Board of Pharmacy. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary to perform its duties. Each individual has the right to review the files or records maintained on him/her by the California State Board of Pharmacy, unless the records are identified as confidential and exempted by Civil Code section 1798.38.

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

ALL OWNERS AND OFFICERS SIGN BELOW: This includes the authorized agent for the entity ownership as well as the individual owner, partners, executive officer(s), member(s), manager(s), trustee(s), and administrator (government owned) who are authorized to bind the applicant business listed on the application. Provide original signatures. Scanned, stamped or electronic signatures may not be accepted.

Under penalty of perjury, under the laws of the State of California, each person whose signature appears below, certifies and says that: (Use additional copies, if needed.)

1) Is the **owner, partner, member, manager, officer, trustee, director or administrator** (government owned) of the applicant business named in the foregoing application, duly authorized to make this application on its behalf and is at least 18 years of age;
2) Has read the foregoing application and knows the contents thereof and attests to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements.;
3) No person other than the applicant or applicants has any direct or indirect interest or management and control in the applicant a third-party logistics provider to be conducted under the license for which this application is made;
4) Understands that falsification of any information in this application may constitute grounds for denial or subsequent revocation of the license; and
5) A change of ownership application may be withdrawn by either the applicant or the licensee with no resulting liability to the California State Board of Pharmacy.

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

AUTHORIZATION TO RELEASE APPLICANT INFORMATION

(Optional)

Applicant Business Information – Please print or type File Number, if applicable _____

_____ _____

Name of Business Telephone Number of Business

_____

Name of Business DBA if different than above

_____

Address of Business – Street City State Zip Code

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

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

Applicant Consent – Must be signed and dated by the applicant for optional authorization to be valid.
As a person identified on the application that is authorized to act for and bind the applicant business, I hereby give the Board consent to communicate to the individual listed below.

I, _____, hereby give consent to
Print Name of Person Authorized to Bind the Applicant Business

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

_____ _____ _____

Name Telephone Number Email Address

_____

Mailing Address – Street City State Zip Code

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

_____ _____

Original Signature of Person Authorized to Bind the Applicant Business Date

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BUSINESS BACKGROUND AFFIDAVIT

This form is completed for the applicant business and signed by the owner, officer, member, or stockholder of that business. This form is also completed for any entity that owns the applicant business and signed by the authorized agent. The authorized agent must be authorized to act for and bind the company. All blanks must be completed; if not applicable enter "N/A.". Failure to complete the form and provide the required information may result in the application being considered incomplete. Attach additional sheets of paper, if necessary.

Please identify the business this form is being completed for:

A. Applicant Business ____
B. Owner/Parent ____

A. Applicant Information

_____
Name of Applicant Business

_____
Address of Applicant Business Street City State Zip Code

Position with the Applicant Business is: (Check all that apply)
____ Owner ____ Partner ____ Officer ____ Stockholder ____ Member
____ Government Representative ____ Administrator ____ Trustee
____ Other, please specify the position _____

B. Name of Owner

_____
Name of Parent Entity listed as Owner on Application

_____
Address Street City State Zip Code

_____ _____
Email Address Telephone Number

_____ _____
Name of Authorized Agent Telephone Number

Authorized Agent's position with this business is:
____ Owner ____ Executive Officer ____ Member ____ Manager ____ Principal ____ Other Specify _____

1. Is this business currently, or has it 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 Yes, provide the following information for each action taken, including licenses cancelled. (Use additional sheets if necessary)

State	Company Name	Type of License & License Number	Position Held	Type of Action	Year of Action

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.)

State	Company Name	Type of License & License Number	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? This includes 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 Date

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

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

PERSONAL BACKGROUND AFFIDAVIT

This form is completed by each natural person listed on the application/license that has beneficial interest and/or management and control. A California licensed pharmacist, designated representative, designated representative-3PL, or a designated representative-reverser distributor does not need to complete this form unless listed as a natural person on the application. Failure to complete the form and provide the required information may result in the application being considered incomplete. Attach additional sheets of paper, if necessary.

Personal Information - Please Type or Print

Full Legal Name - Last Name _____ First Name _____ Middle Name _____

Previous Names (AKA, Maiden Name, Alias, etc.) _____

Residence Address - Street _____ City _____ State _____ Zip Code _____

Telephone Numbers - Home _____ Cell _____ Work _____

Email Address _____ **US Social Security Number or ITIN _____ Date of Birth (Month/Day/Year) _____

Applicant Business Information

Name of Applicant Business _____ Business Telephone Number _____

Applicant Business Address - Street _____ City _____ State _____ Zip Code _____

Position with the Applicant Business is: (Check all that apply)

_____ Owner _____ Partner _____ Officer _____ Stockholder _____ Member _____ Trustee
_____ Government Representative _____ Professional Director _____ Administrator
_____ Other, please specify the position _____

PLEASE ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets of paper if necessary)

1. If you are currently licensed as a physician, podiatrist, dentist, optometrist, or veterinarian in any state, territory, foreign country, or other jurisdiction, please provide the following information.

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

2. If your spouse, child, parent, or other relative or any person with whom you share a financial interest is licensed in this state or any other state as a physician, podiatrist, dentist, or veterinarian, please list his or her name, relationship to you, the license type and number, and state. (Use additional sheets if necessary.)

Name	Relationship	License Type and Number	State
Name	Relationship	License Type and Number	State

3. **Ownership Information**
   A. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator, or medical director on a license to conduct a pharmacy, wholesaler, third-party logistics provider, or any other entity licensed in any state, territory, foreign country, or other jurisdiction?
   Yes ____ **No**____ If Yes, attach a statement of explanation including company name, type of license, license number, and identify the state, territory, foreign country, or other jurisdiction where licensed.

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

   A. Have you ever had an application for pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration denied?
   Yes ____ **No**____

   B. Have you ever had a pharmacy technician, intern pharmacist, pharmacist, any type of designated representative, and/or any other professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?
   Yes ____ **No**____

   C. Have you ever had a pharmacy, wholesaler, third-party logistics provider, and/or any other entity license denied, suspended, revoked, placed on probation, or had other disciplinary action taken against a license you hold?
   Yes ____ **No**____

5. **Practice Impairment or Limitation**

The board makes an individualized assessment of the nature, the severity, and the duration of the risks associated with any identified condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether the applicant is not qualified for licensure. If the board is unable to make a determination based on the information provided, the board may require an applicant to be examined by one or more physicians or psychologists, at the board's cost, to obtain an independent evaluation of whether the applicant is able to safely practice despite the mental illness or physical illness affecting competency. A copy of any independent evaluation would be provided to the applicant.

A. Have you ever been diagnosed with an emotional, mental, or behavioral disorder that may impair your ability to practice safely?
Yes ____ **No**____ If Yes, attach a statement of explanation.

B. Have you ever been diagnosed with a physical condition that may impair your ability to practice safely?
Yes ____ **No**____ If Yes, attach a statement of explanation.

C. Do you have any other condition that may in any way impair or limit your ability to practice safely?
Yes ____ **No**____ If Yes, attach a statement of explanation.

D. Have you ever participated in, been enrolled in, or required to enter into any drug, alcohol, or substance abuse recovery program or impaired practitioner program?
Yes ____ **No**____ If Yes, attach a statement of explanation.

E. If you answered "Yes" to questions listed under 5 (A through D) above, have you ever received treatment or participated in any program that improves your ability to practice safely?
Yes ____ **No**____ **N/A**____ If Yes, attach a statement of explanation.

APPLICANT AFFIDAVIT - Please read carefully and sign below.

Please provide a written explanation for all affirmative answers. Failure to provide any of the requested information may result in the application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

This information will be used to determine qualifications for licensure under California pharmacy law. The officer responsible for information maintenance is the Executive Officer at the California State Board of Pharmacy. This information may be transferred to another governmental agency, such as a law enforcement agency, if necessary 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 Civil Code section 1798.3.

****Disclosure of your U.S. Social Security number or individual taxpayer identification number (ITIN) is mandatory.** Business and Professions Code section 30, Family Code section 17520, 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 that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security 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: 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 to the truth and accuracy of all statements, answers, and representations made in the foregoing certification of personnel, including all supplementary statements; 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.

Provide original signature.

_____ _____

Signature (please sign and date within 60 days of filing the application) Date

California State Board of Pharmacy
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Sacramento, CA 95833
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Department of Consumer Affairs
Gavin Newsom, Governor

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 the Requestor

_____ _____
Name of Requestor Telephone Number

_____
Address Street City State Zip Code

_____ _____ _____
Type of License and License Number Issued Date 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

_____ _____
Name of Licensee State Verified License

_____
Address City State Zip Code

_____ _____ _____
Type of License and License Number Issued Date Expiration Date

License Status (Check one) ____ Active ____ Inactive ____ Other If other, please explain_____

Has this agency taken any disciplinary action against this license? ____ Yes ____ No

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.

_____ _____
Printed Name Date *Board Seal*

_____ _____
Signature Title

17M-17 (2/2020)

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SELLER'S CERTIFICATION

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

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

This will certify that _____
Name of Seller

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

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

Located at _____
Address City State Zip Code

List the Name of all Buyer(s)

_____ _____

_____ _____

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

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

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

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

INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM

California Live Scan
The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly.

NOTE TO APPLICANT/LICENSEE and LIVE SCAN OPERATOR: The name, date of birth and US Social
Security Number (SSN) must be entered in at the time of the Live Scan transmission for the results to be accepted by the California State Board of Pharmacy. If the name, date of birth or SSN is not entered at the time of Live Scan transmission, the individual may have to have a new Live Scan transmission completed.

Type of License/Certification or Permit or Working Title: The Live Scan operator must enter in the Type of License that is specified on the Request for Live Scan Service form.

Applicant Information:

- **Name:** Enter your last name, first name and middle name that matches your government issued driver's license or state identification. Do not use initials or name abbreviations. Your legal name must be on file with the board. If your name has changed you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Enter all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** Enter your place of birth
- **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, then this field should be left blank.
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address

Level of Service: This has already been preselected for you. You are required to have both DOJ and FBI level of service complete. Please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service in their computer system. If FBI is not selected at the time of original transmission, you will be required to have your Live Scan redone at another time and 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.

Employer: This information is not required.

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 https://oag.ca.gov/fingerprints/locations 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 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

Pharmacy WLS - 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)

2720 Gateway Oaks Drive, Suite 100
Street Address or P.O. Box

Licensing
Contact Name (mandatory for all school submissions)

Sacramento — City
CA — State
95833 — ZIP Code

9165183100
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 BIL - Applicant Must Pay Fees
(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

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
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 _____,

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 of 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'S RESPRESENTATIVE

_____

Print Name of Attorney-in-Fact

_____

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
California Resident Agent

California State Board of Pharmacy
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Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

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

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 _____,

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 of 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'S RESPRESENTATIVE

_____

Print Name of Attorney-in-Fact

_____

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
California Resident Agent

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IRREVOCABLE STANDBY LETTER OF CREDIT

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

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

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

ANNE SODERGREN
Executive Officer

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

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

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

ANNE SODERGREN
Executive Officer

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
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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 wholesaler 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 wholesaler 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 Pers on Authorized to bind the Business