APPLICATION FOR A PERMIT AS A NON-RESTRICTED MANUFACTURER

Check Appropriate Box(es):

☐ New1, 3, 4, 5 $270.00
☐ Change of Supervising Person4 $50.00
☐ Change of Ownership $50.00
☐ Change of Tradename No Fee
☐ Change of Location1, 5 $150.00
☐ Remodel $150.00
☐ Reinstatement2, possibly 1, 3, 4, 5

The required fees must accompany the application.
Make check payable to “Treasurer of Virginia”.

Applicant—Please provide the information requested below. (Print or Type) Use full name not initials

<table>
<thead>
<tr>
<th>Name of Firm</th>
<th>Federal Employment Identification Number (FEIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Area Code and Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State Zip Code</td>
</tr>
</tbody>
</table>

Virginia NR Manufacturer Permit Number (if applicable) 0208-

Email Address for Responsible Person:

<table>
<thead>
<tr>
<th>Name of Responsible Supervising Person1</th>
<th>Area Code and Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Opening Date</td>
<td>Requested Inspection Date1</td>
</tr>
</tbody>
</table>

Signature of Applicant Date

IMPORTANT: Please carefully read and complete page 2 of this application

1 A 14-day notice is required for scheduling an opening or change of location inspection. An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

2 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

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

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

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

If yes, a controlled substance registration is also required. (Application is available www.dhp.virginia.gov/pharmacy)
OWNERSHIP TYPE—check one:

- Corporation
- Partnership
- Individual
- Other

Name of ownership entity if different from name on application:
[Field]

Address: ____________________________ Phone No. ____________________________
City: ____________________________ State: ____________________________ Zip Code: ____________________________

State(s) of Incorporation ____________________________

List all other trade or business names used by this facility: (includes “is doing business as,” and “formerly known as”)

Name: ____________________________ Name: ____________________________
Name: ____________________________ Name: ____________________________
Name: ____________________________ Name: ____________________________

LIST OF OWNERS/OFFICERS AND RESIDENCE ADDRESSES:

Name: ____________________________ Title: ____________________________
Residence Address: ____________________________

Name: ____________________________ Title: ____________________________
Residence Address: ____________________________

Name: ____________________________ Title: ____________________________
Residence Address: ____________________________

Name: ____________________________ Title: ____________________________
Residence Address: ____________________________

SUPERVISING PHARMACIST, CHEMIST, OTHER QUALIFIED PERSON:
(attach curriculum vitae)

Name: ____________________________ Profession or Training: ____________________________

If pharmacist, license number: 0202- ____________________________

FOR BOARD USE ONLY

Date Processed: ____________________________ Check No: ____________________________
Receipt No: ____________________________ Application No: ____________________________

Date Issued: ____________________________ Permit Number: 0208
Reviewed By: ____________________________ Date Reviewed: ____________________________

Revised 6/2018