

State of Nebraska
 Department of Health & Human Services – Division of Public Health
 Licensure Unit
 P.O. Box 94986
 Lincoln, NE 68509-4986

<u>APPLICATION TO AMEND A VETERINARY DRUG DISTRIBUTOR LICENSE</u>
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NOTE: This application must be completed by the designated representative. If more space is needed to respond to any question, please attach a clearly identified separate piece of paper.

Name of Business (applicant):			
Address of Business:		Street/PO Box/Route:	
		City:	State: Zip:
Telephone Number:		Fax Number: (optional)	
E-mail Address: (optional)			
Type of Business Entity: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship			License #:
Change in Designated Representative:		Old:	
		New:	
1.	The following information <u>regarding the designated representative:</u>		
a.	Place of residence for the immediately preceding seven (7) years:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		Inclusive dates at this address:
b.	Date of Birth:	Place of Birth:	

c.	List of all occupations, positions of employment, and offices held during the immediately preceding seven (7) years, this list should include name of principal business and addresses:		
	Occupation/Position of employment/ offices:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
	Occupation/Position of employment/ offices:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
	Occupation/Position of employment/ offices:		
	Street/PO/Route:		
	City:	State:	Zip:
	Inclusive dates at this address:		
d.	Have you been, at any time during the immediately preceding seven (7) years, the subject of any proceeding for the revocation of any license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain the nature of the proceeding, provide the date of the proceeding and its disposition, and submit official documentation from the entity that revoked the license:		

e.	<p>Have you been, at any time during the immediately preceding seven (7) years, either temporarily or permanently enjoined by a court of competent jurisdiction from violations of any federal or state law regulating the possession, control or distribution of veterinary legend drugs or human legend drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, provide the dates and details of such order and submit official documentation from the court:</p>		
f.	<p>Provide a description, including dates, of any involvement by the designated representative during the immediately preceding seven (7) years, other than the ownership of stock in a publicly traded company or mutual fund, with any business which manufactured, administered, distributed, or stored veterinary legend drugs or human legend drugs and any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits:</p>	
g.	<p>Have you ever been convicted of any felony?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, the following documents must be sent directly to the Licensure Unit: 1) Official court records, which includes charges and disposition; 2) A letter from you explaining the circumstances surrounding the conviction; 3) If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required); and 4) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status.</p>		
h.	<p>I have submitted with this application a photograph of the designated representative taken within the immediately preceding 30 days.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.	Required Signatures:					
	a.	Designated Representative: I attest that: 1. I have read the application or have had the application read to me; 2. All statements on the application are true and complete; and 3. I have not committed any act that would be grounds for denial under 172 NAC 181-006, or If you have committed an act(s), you must provide an explanation of all such act(s). Signature of Designated Representative:				
	(1)	If applicant is an individual or partnership, signature owner: <i>Please note that if the applicant is an individual, then the applicant must provide his/her immigration status or alien number, and agree to provide a copy of his/her United State Citizenship and Immigration Services (USCIS) documentation.</i>				
		<table border="1"> <tr> <td data-bbox="297 667 938 758">Signature of owner:</td> <td data-bbox="938 667 1518 758">Date:</td> </tr> </table>	Signature of owner:	Date:		
Signature of owner:	Date:					
	(2)	If applicant is a limited liability company with two members or less, signature of one member.				
		<table border="1"> <tr> <td data-bbox="297 884 938 947">Signature of member:</td> <td data-bbox="938 884 1518 947">Date:</td> </tr> </table>	Signature of member:	Date:		
Signature of member:	Date:					
	(3)	If applicant is a limited liability company with more than two members, signature of two or more members.				
		<table border="1"> <tr> <td data-bbox="297 1129 938 1255">Signature of member:</td> <td data-bbox="938 1129 1518 1255">Date:</td> </tr> <tr> <td data-bbox="297 1255 938 1255">Signature of member:</td> <td data-bbox="938 1255 1518 1255">Date:</td> </tr> </table>	Signature of member:	Date:	Signature of member:	Date:
Signature of member:	Date:					
Signature of member:	Date:					
	(4)	If applicant is a corporation, signature of two officers:				
		<table border="1"> <tr> <td data-bbox="297 1350 938 1465">Signature of officer:</td> <td data-bbox="938 1350 1518 1465">Date:</td> </tr> <tr> <td data-bbox="297 1465 938 1465">Signature of officer:</td> <td data-bbox="938 1465 1518 1465">Date:</td> </tr> </table>	Signature of officer:	Date:	Signature of officer:	Date:
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