

REQUIRED FEE: \$500.00

ACCOUNTING
Business Unit # 25550347

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

APPLICATION FOR A VETERINARY DRUG DISTRIBUTOR LICENSE

PLEASE NOTE: A separate license must be obtained for each facility engaged in veterinary drug distribution.

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	Name of each partner:		
	Name of Partnership:		
<input type="checkbox"/> Corporation	Name and title of each corporate officer and director:		
	All corporate names of applicant business:		
	State of incorporation:		
<input type="checkbox"/> Sole Proprietorship	Name of sole proprietor:		
	Name of the sole proprietorship:		
	Social Security Number of sole proprietor:		

List all trade or business names used by applicant:					
Names of persons in charge and names, addresses, and telephone numbers for all facilities used by the applicant for the storage, handling, and distribution of veterinary legend drugs:	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	Name of person in charge of facility:				
	Street/PO/Route:				
	City:	State:	Zip:	Phone #:	
	List of all licenses, permits, or other similar documentation issued to the applicant in any other state authorizing the applicant to purchase, possess, and distribute veterinary legend drugs:	State:	License/Permit Type:	License/Permit #:	
		State:	License/Permit Type:	License/Permit #:	
		State:	License/Permit Type:	License/Permit #:	
State:		License/Permit Type:	License/Permit #:		
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Name(s) and address(es) of the following:		
Owner(s) of the applicant's veterinary legend drug distribution facilities:	Name:	
	Street/PO/Route:	
	City:	State:
Designated Representative at each such facility:	Name:	
	Street/PO/Route:	
	City:	State:
Name(s) of all managerial employees for the facility:		
1.	Inspection Information:	
<p>Inspections will be accepted by the Department if they have been conducted within the six (6) months preceding the date of application or if accreditation status by either a nationally recognized accreditation program or another state or federal agency inspection approved by the Board is still current.</p>		
a.	Has your facility been inspected by a nationally recognized accreditation program or another state or federal agency within the six (6) months preceding the date of your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit documentation of passing that inspection.</i>
	If not inspected by one of these entities within the previous six (6) months, do you hold current accreditation or inspection status from one of these entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide documentation of such current accreditation or inspection status.</i>
If no, identify the entity you wish to conduct the initial inspection:		
<input type="checkbox"/>	Nationally recognized accreditation program:	
<input type="checkbox"/>	Other State Regulatory Agency:	
<input type="checkbox"/>	State and Name of Agency:	
<input type="checkbox"/>	Federal Regulatory Agency:	
<input type="checkbox"/>	Name of Agency:	
<input type="checkbox"/>	Department (Inspection fee pursuant to Neb. Rev. Stat. §71-8920) :	

2.	<p>Pursuant to Neb. Rev. Stat. §71-8914, a veterinary drug distributor shall establish, maintain, and adhere to written policies and procedures for the receipt, storage, security, inventory, and distribution of veterinary legend drugs, including policies and procedures for identifying, recording, and reporting destruction, losses, or thefts of veterinary legend drugs and for correcting all errors and inaccuracies in inventories. They shall be reviewed and updated annually, and contain a record documenting this review, which should include the date of review and the signature of the designated representative of the veterinary drug distributor.</p> <p>Do you meet the requirement set out in number 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																								
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