## STATE OF NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF PUBLIC HEALTH

Licensure Unit P. O. Box 94986 Lincoln, NE 68509-4986

## APPLICATION TO AMEND A WHOLESALE DRUG DISTRIBUTOR LICENSE

## \*\*\*PLEASE NOTE THAT CHANGE OF OWNERSHIP OR CHANGE OF PREMISES TERMINATES THE LICENSE\*\*\*

1.		olesale Drug					Licer	nse #:
	Distributor:							
2.	Address:	Street/PO Bo	x/Route:				<u>.</u>	
		City:			State:		2	Zip:
3.	Telephone				Fax			
	Number:				Number:			
4.	E-mail			<u>'</u>				
	Address:							
5.	(Check Box)	Change of Na	ame:					
		Change of De	esignated					
		Representati	_					
		Effective Date	e of Change:					
		Old Designat	ed					
		Representati	ve or Corporate					
		Officer:						
		New Designa	ited					
		Representati	ve or Corporate					
		Officer:						
		Supervisor of	f Designated					
		Representati	ve:					
		Did the super	rvisor of the desigr	nated represe	entative cha	nge from your oriç	ginal wholesale dru	ıg 🗆 YES
	distributor license application?					□ NO		
6.	The new de	signated repre	sentative must ar	nswer the fol	llowing qu	estions:		
	(Medical Ga	s Distributors	are not required	to complete	this sectio	n.)		
	a. Place	e of residence for the immediately preceding seven (7) years:						
	Street	Street/PO Box/Route:						
	City:			State:			Zip:	
	Inclusi	ve dates at this	address:					
				1				

		Street/PO Box/Route:						
		City:	State:	Zip:				
		Inclusive dates at this address:						
	b.	Date of Birth:	Place of Birth:					
	C.	years, this list should include nam	ne of principal business and address	ng the immediately preceding seven (7) es:				
		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 <b>any</b> license?					
	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:					
	Have you been at any time during the immediately were distributed (7)					
e.	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 prescription drugs?					
	If yes, provide the dates and details of such order and submit official documentation from the court:					
f.	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 prescription drugs and any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits:					
1						

	g.	Have you ever been convicted of any felony?		□ Yes □ No			
		If yes, the following documents must be sent directly					
		which includes charges and disposition; 2) A letter f					
			iction; 3) If the conviction involved a drug and/or alcohol related offense, all addiction/ment				
		evaluations and proof of treatment (if treatment was					
		probation, a letter from your probation officer addressing probationary conditions and your current status.					
	h.						
	i.	immediately preceding 30 days.					
	1.	I have submitted fingerprint cards to the NE State Patrol for criminal background checks pursuant to 172 NAC 131-004 for the following personnel.					
		Designated representative					
		Designated representative		□ Yes □ No			
		Supervisor of the designated representative		□ Yes □ No			
		(if applicable)					
	lease note that this amendment cannot be processed until the criminal background checks have been received						
		ewed by the Department. Criminal Background C	hecks are not red	quired for Medical Gas Distributors or			
<u>маг</u> 7.		turers.					
7.		Lawful Presence in the United States Attestation:					
		If the applicant is a sole proprietorship the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:					
		Please check the appropriate box below:					
		☐ I am a citizen of the United States.					
		☐ I am a qualified alien under the Federal Immigration and Nationality Act.					
		My immigration and alien number are as follows:		and I agree to provide a			
		My immigration and alien number are as follows: copy of my USCIS	<u> </u>				
		My immigration and alien number are as follows: copy of my USCIS reby attest that my response and the information provided of	on this form and any	y related application for public benefits are true			
	com	My immigration and alien number are as follows: copy of my USCIS reby attest that my response and the information provided of the plete and accurate and I understand that this information means.	on this form and any	y related application for public benefits are true			
	Rec	My immigration and alien number are as follows: copy of my USCIS  reby attest that my response and the information provided outlete and accurate and I understand that this information material signatures (all applicants):	on this form and any nay be used to verify	y related application for public benefits are true y my lawful presence in the United States.			
	Red I att	My immigration and alien number are as follows: copy of my USCIS  reby attest that my response and the information provided of aplete and accurate and I understand that this information material accurate and I applicants):  rest that I have completed this application and that the	on this form and any nay be used to verify	y related application for public benefits are true y my lawful presence in the United States.			
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