



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF PHARMACY

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DISTRIBUTOR/MANUFACTURER PERMIT AND MEDICAL GAS DISPENSER: INFORMATION ABOUT OWNERSHIP

INSTRUCTIONS

This form is used in conjunction with the following application types in DELPROS:

- Distributor (Pharmacy-Wholesale) Permit
- Pharmacy-Manufacturer Permit
- Medical Gas Dispenser License

Complete and submit this form for each of the following persons:

- Designated Representative (DR) or most senior person responsible for facility operations, purchasing, and inventory control
- Supervisor of the DR or most senior person responsible for facility operations, purchasing and inventory control
- If not a publicly held company, *all* principals and owners who directly or indirectly own more than 10% interest in the company

Each person completing one of these forms must also complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks.

MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE. ENTER YOUR APPLICATION ID: _____

1. Name of Distributor/Manufacturer/Medical Gas Dispenser _____

2. Name: _____
Last Name First Name Middle

3. Type of Interest in Distributor/Manufacturer/Medical Gas Dispenser Named Above (check one):

- Sole Proprietor Partner Individual with federal employee identification number
 Corporate Officer – Position: _____
 Designated Representative Designated Representative's Supervisor

4. Social Security Number: _____ Date of Birth: _____

5. Mailing Address: _____

City

State

Zip

6. Phone: _____ Email: _____

7. Has any state or federal agency taken any type of disciplinary action against you or is any such action pending?
Yes No **If yes, enclose a list of all disciplinary actions by state and federal agencies against you.**

8. Have you ever been arrested, interviewed, interrogated, convicted, received a criminal summons, received a civil citation by any police/law enforcement agency, college/university or campus police or security agency? **Note:** This includes DUI's and all juvenile arrests and cases even if dismissed for any reason whatsoever. The *only* exceptions are minor traffic citations.

Yes No **If yes, list each charge separately below and give details on a separate page.**

ARREST DATE	ORIGINAL CHARGE	LOCATION OF ARREST (city and state)	ARRESTING POLICE DEPARTMENT	DISPOSITION (e.g., guilty, not guilty, dismissed, etc.)

9. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or which you were named as an un-indicted co-party? Yes No **If yes, give details on a separate page.**
10. Have you ever received a pardon or expungement for any criminal offense? Yes No **If yes, give details on a separate page. Include the charge, date, city, county and state.**
11. Have you ever been, or are you now, on parole/probation to any court? Yes No **If yes, give details on a separate page. Include the charges, the name of your parole/probation officer, location including city, county and state where probation was/is served.**
12. Have you ever been civilly or criminally subpoenaed to appear to testify before a federal, state or county grand jury, board or commission? Yes No **If yes, give details on a separate page. Include the location and reason for being subpoenaed.**

Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow instructions on the form for submitting fingerprints. The State Bureau of Identification will send the reports directly to the Board office.

AFFIDAVIT

I solemnly swear and affirm that the answers to the questions set forth in this application are true and correct.

Signature: _____ **Date:** _____

State of _____ Country of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Witness my hand and seal hereunto attached.

Notary Signature: _____

SEAL My Commission expires: _____