



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

LICENSE VERIFICATION FOR DISTRIBUTORS (PHARMACY-WHOLESALE)

INFORMATION ABOUT APPLICANT

Representative of Distributor applying for Delaware licensure completes this section and sends to the licensing agency for the state where the Distributor is located. Before forwarding form, check whether agency charges a fee for license verification. ENTER YOUR APPLICATION ID: _____

1. Name of Distributor Applicant: _____
2. Mailing Address: _____
3. Phone: _____ City _____ State _____ Email: _____ Zip _____
4. Type of Operation (check one): Distributor Manufacturer Re-packager Re-labeler
5. Type of Distribution Activities (check all that apply):
 Prescription Controlled Substances Over-the-Counter Cosmetics Dentifrices

I authorize release of the information requested below to the State of Delaware Board of Pharmacy.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

LICENSE VERIFICATION

Official of home State licensing agency completes this section. Mail this document directly to the Board Office noted above.

1. License Number: _____ Issue Date: _____ Expiration Date: _____
2. Has this license been encumbered in any way? Yes No If yes, what type of encumbrance (check one):
 Revoked Surrendered Limited Suspended Restricted Probation Lapsed
Attach certified copies of all pertinent legal documents.
3. Has the applicant been convicted under any Federal, State, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? Yes No If yes, explain: _____
4. Has the applicant furnished any false or fraudulent material in any application made in connection with drug manufacturing or distribution? Yes No If yes, explain: _____
5. Does your licensing agency routinely inspect the facility? Yes No If yes, complete this information:
Date of Last Inspection: _____ Has any inspection resulted in deficiencies? Yes No If yes, explain: _____
6. Has the applicant met all licensing requirements of your State? Yes No If no, explain: _____

Printed Name of Official: _____ Title: _____

Signature: _____ Date: _____

AFFIX OFFICIAL SEAL OF STATE LICENSING AGENCY.