

Board of Pharmacy
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 444-6880
dlibsdlhelp@mt.gov

RENEWAL APPLICATION

License No.

☐ Check for New Email

Name

Address

City

State

Zip Code

Your **MONTANA WHOLESALE DRUG DISTRIBUTOR** license will expire on November 30, 2020.

LATE FEES WILL APPLY FOR THOSE RENEWING AFTER NOVEMBER 30, 2020. LATE FEES ARE 100% OF THE RENEWAL FEE.

Please check the following licenses you wish to renew:

- ☐ Wholesale Drug Distributor \$240.00 (if postmarked after November 30, \$480.00)
- ☐ Dangerous Drug Distributor \$100.00 (if postmarked after November 30, \$200.00)
- ☐ Dangerous Drug Manufacturer \$100.00 (if postmarked after November 30, \$200.00)
- ☐ Medical Gas Supplier \$75.00 (if postmarked after November 30, \$150.00)
- ☐ Medical Gas Distributor \$75.00 (if postmarked after November 30, \$150.00)

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> OR:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for the total of all the licenses you wish to renew. Make payable to the Board of Pharmacy. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 4) Renewals with a U.S. Postal Service postmark after November 30 will be assessed a penalty per the above schedules. NO EXCEPTIONS!
- 5) Pharmacist/Person-In-Charge (PIC) must sign the completed renewal application.
- 6) Return the completed renewal application and fee to the Board office postmarked by November 30.
- 7) A renewal returned to a licensee for any reason must be re-postmarked by November 30 to avoid paying the late fee.
- 8) Please contact the Board office for address or name changes.

This business may not operate in Montana after November 30 until this license has been renewed. All licenses must be posted in a conspicuous place in the pharmacy for which it is issued. Incomplete or unsigned renewal applications will not be processed and will be returned.

IDENTIFICATION OF PHARMACIST/PERSON-IN-CHARGE

It is required by ARM 24.174.801, 24.174.830, 24.174.1003, 24.174.1104, 24.174.1122, or 24.174.1202 that a business identify the pharmacist/person-in-charge (PIC). If the PIC has changed since the last renewal, please submit an updated PIC form to the Board at dlibsdlhelp@mt.gov or contact 406-444-6880. The PIC Change Form is at www.pharmacy.mt.gov then click on Forms/General Forms.

LEGAL/DISCIPLINARY ACTION

YES NO

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

NOTICE OF MONTANA DEPARTMENT OF REVENUE OPIOID SELLER'S LICENSE REQUIREMENT

Effective July 1, 2019, any Wholesale Drug Distributor who distributes the initial sale of opioids in Montana is required to have a separate **OPIOID SELLER'S LICENSE** through the Montana Department of Revenue. Pursuant to [House Bill 654](#), enacted by the 2019 Montana Legislature, see requirements, licensure and fee information at: <https://mtrevenue.gov/taxes/miscellaneous-taxes-and-fees/opioid-sellers-license/>.

NOTICE OF FUTURE WHOLESALE DRUG DISTRIBUTOR LICENSURE CHANGES

The Board of Pharmacy will be making future rule changes regarding the Wholesale Drug Distributor (WDD) license. To assist in a future one-time automatic transition to a specific license type, please self-identify the facility's primary license type based on scope of work. If a facility provides multiple services, separate applications can be submitted once rules are in place.

Wholesale Distributor
Third-party Logistics Provider (3PL)
Manufacturer (including Medical Gas Distributor/Manufacturer)
Repackager
Device/Durable Medical Equipment/Medical Gas Supplier

Please provide a current email address: _____

PIC Signature: _____ Date: _____

Please Print Name: _____ Phone # _____

DO NOT SEND CASH