

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P. O. Box 94986
Lincoln, NE 68509-4986

Renewal Fee:	\$550.00
Reinstate Fee:	\$ 50.00
Total:	\$600.00

<p><u>APPLICATION TO REINSTATE A WHOLESALE DRUG DISTRIBUTOR LICENSE</u></p>

1.	Name of Wholesale Drug Distributor:		License #:	
			Expiration Date:	
2.	Address:	Street/PO Box/Route:		
		City:	State:	Zip:
3.	Telephone Number:		Fax Number:	
4.	E-mail Address:			
5.	(Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No	I have submitted proof of an acceptable inspection completed within the previous three years. (Not required for Wholesale Drug Distributor-Manufacturer)		
6.	(Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No	I have submitted proof of a bond. (Not required for Wholesale Drug Distributor-Medical Gas Distributor)		
7.	Name of the Designated Rep:			
	Name of the Designated Rep's Supervisor:			
8.	<p>Criminal Background Checks are required as described (if the Department records indicate that the criminal background checks on file are older the 6 months old):</p> <p>Publicly Traded Companies: <i>Designated representative and the designated representative's supervisor.</i></p> <p>Non-Publicly Traded Companies: <i>Designated representative, the designated representative's supervisor, and any owner with greater than 10% ownership.</i></p>			
9.	(Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the designated representative of the license been convicted of a misdemeanor or felony since the last renewal of the license or during the time period since initial licensure in Nebraska if such occurred within the two years prior to the license expiration date?		
10.	(Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has any license of the entity in any profession in another state been revoked, suspended, limited, or disciplined in any manner?		

<p>11.</p>	<p>Required Signatures (all applicants):</p>	
	<p><u>Lawful Presence in the United States Attestation:</u></p>	
	<p>If the applicant is a <u>sole proprietorship</u> the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows: <i>Please check the appropriate box below:</i> <input type="checkbox"/> I am a citizen of the United States. <input type="checkbox"/> 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 copy of my USCIS</p> <p>I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.</p>	
	<p>I also attest that the statements on this application are true and complete to the best of my knowledge.</p>	
<p>Signature of the designated representative or corporate officer:</p>	<p>Date:</p>	