



South Carolina Board of Pharmacy

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2025-2026 THIRD-PARTY LOGISTICS (“3PL”) PROVIDER PERMIT RENEWAL (IN-STATE)

Renewal Requirements and Instructions

- If mailing the paper application, submit the renewal fee in the form of a check or money order (no cash) payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
Renewal / Late Fees:
Postmarked before 6/1/2025: \$140
Postmarked on or after 6/1/2025: Late Fee \$50 + Renewal Fee \$140 = \$190
Beginning July 1, 2025, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
Permits not renewed by June 30, 2025, are lapsed and may not operate. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. A permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may be subject to disciplinary action.
If there has been a change in ownership, legal name change, change in business form, or relocation of the facility, contact the Board before renewing the permit.

Table with 2 columns and 3 rows: FOR BOARD USE ONLY, Date Paid, Check No., Amount Paid

FACILITY INFORMATION

Federal Tax ID No.: SC Permit No.:

SC DPH/Controlled Substance Registration No. (if applicable):

DEA Registration No. (if applicable): Expiration Date:

NABP e-Profile ID (if applicable):

Legal Name of Facility:

DBA:

Facility Address (physical):

Email: Phone:

Permit Holder Name: Phone:

Email:

Mailing address where all correspondence regarding permitting will be sent if other than facility above

Facility Name:

Mailing Address: City: State: Zip:

FACILITY OPERATIONS

Days and Hours of Operation:

1. Does this facility distribute controlled substances? Yes No

5. Had disciplinary action taken by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country against a pharmacy or drug/device manufacturer facility owned by the applicant, permit holder, pharmacist-in-charge, or by any owner or corporate officer or against a pharmacy or drug/device manufacturer facility at which the applicant, permit holder, pharmacist-in-charge, or any owner or corporate officer was employed? Yes No
6. Operated, or allowed any facility to operate, without a valid permit? Yes No
7. Violated the drugs/device laws, rules, statutes, and/or regulations of South Carolina, any other state, the United States, or any other country? Yes No

PERMIT HOLDER ATTESTATION

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief. I will comply with all federal and state laws related to operations at the above-named facility, and I understand I am responsible for any violation(s) of law occurring during my tenure.

I understand that pursuant to S.C. Code Ann. § 40-43-83(E), the Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection of entities located in this jurisdiction and those located outside this State.

Permit Holder Signature

Date