



## THIRD PARTY LOGISTICS PROVIDER PERMIT APPLICATION REQUIREMENTS AND INSTRUCTIONS

**This permit authorizes a facility to provide or otherwise coordinate warehousing, or other logistics services, of drugs or devices in interstate commerce on behalf of a manufacturer, wholesale distributor or a dispenser of a drug or device. A South Carolina Pharmacy Permit application has a one-year expiration.**

All facilities will be inspected before a permit is issued.

Using false, fraudulent, forged statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or licensure denial. A South Carolina Third Party Logistics Provider Application has a one-year expiration.

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the application process. If an item is not applicable, please indicate N/A. **Items should be provided in the order listed below. Please do not send in binders, folders or use dividers. Ensure all documentation/information is legible and retain copies of all documents for your records.**

Pursuant to S.C. Code Ann. § 40-43-90(A)(1), applications must be received in the Board office at least forty-five (45) days before the required permit is needed to allow for application processing, on-site inspection, and if necessary, written corrective action response.

Using false, fraudulent, forged statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or licensure denial.

### **Include this checklist with your application (check N/A if not applicable):**

Included   N/A

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Check or money order only (no cash) in the amount of <b>\$280</b> made payable to SC Board of Pharmacy. (Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.) |
| <input type="checkbox"/> | <input type="checkbox"/> | A letter describing, in detail, the nature of your business  |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of policies and procedures relating to the handling of medications and/or legend devices  |
| <input type="checkbox"/> | <input type="checkbox"/> | Photographs of: <ul style="list-style-type: none"><li>○ Entrance</li><li>○ Work area</li><li>○ Inventory</li></ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Include organizational chart from the ultimate parent company down to and including the applicant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If a change of ownership, include organization charts of before and after the change. Chart must include names of owners with a 10% or greater ownership interest if a non-publicly traded company.  |

Mail application to the address listed at the top of this page.



**THIRD PARTY LOGISTICS PROVIDER PERMIT APPLICATION**

- New Facility
- Change to Existing Permit (Permit No.: \_\_\_\_\_ )
  - Change of Name
  - Change of Location (from one city to another)
  - Change of Ownership (include organizational chart before and after change)

For Board Use Only	
Date Paid	
Amount Paid	
Check No.	
Inspector	

**FACILITY INFORMATION**

Federal Tax ID No.: \_\_\_\_\_ NABP e-Profile ID No. (if applicable): \_\_\_\_\_

Legal Name of Facility: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

County where facility is located: \_\_\_\_\_

Is application based on a change in ownership?  Yes  No

If Yes: \_\_\_\_\_ SC Permit No.: \_\_\_\_\_  
 Previous Name of Facility

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

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DISTRIBUTION ACTIVITY**

1. Type of Prescription Drugs/Products 3PL will handle (check all that apply):
- DEA Controlled Substances  Medical Gases  Prescription Devices
  - Non-Controlled Prescription Drugs  Veterinarian Prescription Drugs  Other: \_\_\_\_\_

2. Type of facilities applicant will be providing services for:
- Manufacturer  Wholesaler  Reverse Distributor  Repackager
  - Outsourcer  Relabeler  Other: \_\_\_\_\_

3. Manufacturers and/or wholesale distributors for whom applicant will distribute product (attach additional sheets if necessary):
- Name: \_\_\_\_\_ Address: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_

4. Do you distribute controlled substances?  Yes  No

**If yes, contact SCDHEC Bureau of Drug Control via website at:**  
[www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/NewRegistrations/](http://www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/NewRegistrations/)

**OWNERSHIP**

**Sole Proprietorship** Name of Business Entity: \_\_\_\_\_

Name	City, State	Birth Year

**General Partnership**  **LLP** Name of Partnership/LLP: \_\_\_\_\_

Partner Name	City, State	Birth Year	% of Ownership

**Corporation**  **LLC** Legal Name of Corporation/LLC: \_\_\_\_\_

Is this facility publicly traded?  Yes  No

Name of Parent Company: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Name of Individual Owners and Principal Officers	Title	City, State	Birth Year	% of Ownership
1.				
2.				
3.				

Pursuant to SECTION § 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.

**DISCIPLINARY HISTORY**

If you answer “Yes” to any part of this section, provide a detailed explanation on a separate sheet and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

**TO THE BEST OF YOUR KNOWLEDGE HAS THE APPLICANT, the entity, undersigned permit holder, any person or entity identified in the ownership/management section above, or any entity under common control with the applicant ever:**

- 1. Has any license or permit held by the applicant, permit holder, or by any owner or corporate officer, ever been disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations or revoked for violations of any federal or state pharmacy laws or drug laws regardless of state?  Yes  No

**If yes,** attach a full written explanation and attach copies of applicable court documentation.

Is there any pending disciplinary action?  Yes  No

- 2. Been convicted, fined or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor in South Carolina or any other state, or in a United States court for:
  - a. any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not a sentence was imposed?  Yes  No
  - b. any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug/device manufacturer setting or incident to pharmacy practice, whether or not a sentence was imposed?  Yes  No
  - c. any offense involving fraud or dishonesty whether or not a sentence was imposed?  Yes  No

**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 the requirements contained in the South Carolina Pharmacy Practice Act and I understand I am responsible for any violation(s) occurring during my tenure.

\_\_\_\_\_  
Permit Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Permit Holder

\_\_\_\_\_  
Title

\_\_\_\_\_  
Permit Holder Email

\_\_\_\_\_  
Phone Number

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.