

### South Carolina Department of Labor, Licensing and Regulation

# **South Carolina Board of Pharmacy**

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# 2023-2024 NON-RESIDENT THIRD-PARTY LOGISTICS ("3PL") PROVIDER PERMIT RENEWAL

#### **Renewal Instructions:**

• Submit this permit renewal and any supporting documents (if applicable) directly to the Board by going to: <a href="https://eservice.llr.sc.gov/DocumentSubmission/">https://eservice.llr.sc.gov/DocumentSubmission/</a>. You will pay the renewal fee through this document submission process via debit/credit card or electronic check.

FOR BOARD USE ONLY				
Check No.				
Amount Paid				
Date Processed				
Returned Incomplete				

# **Renewal Requirements:**

- If mailing paper application: 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 6/1/2023: \$700

Postmarked on or after 6/1/2023: Late Fee \$50 + Renewal Fee \$700 = \$750

- Beginning July 1, 2023, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Attach copy of most recent inspection report.
- Permits not renewed by June 30, 2023, are lapsed and may not operate. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-83-140 and may result in 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 result in disciplinary action.
- If there has been a 50% or more change in ownership, contact the Board before renewing the permit.

#### **FACILITY INFORMATION**

Federal Tax ID No.:	_ SC Permit N	o.:		
Resident State License No.:	_ Expiration D	ate:		
SC DHEC Controlled Substances Registration No. (if applicable):				
DEA Registration No. (if applicable):	_ Expiration Da	ıte:		
Facility Name:				
Facility Address:				
City:				
Phone No.: NABP e-Profile ID	(If applicable):			
Contact Person: Email:				
Mailing address where all correspondence regarding licensure	will be mailed,	if other t	han facility	above:
Facility Name:				
Facility Address:City:		State:	Zip:	
Has there been a change in ownership of 50% or more since last ren  ☐ Yes − Contact the Board of Pharmacy office before completing to			•	Board?
<ol> <li>Since your last renewal, has any license or permit you hold If Yes, provide a copy of the disciplinary action.</li> </ol>	been discipline	ed?	☐ Yes	□ No
<ol> <li>Is your facility accredited by NABP's Drug Distributor Acc If Yes, Expiration Date:</li> </ol>	creditation prog	ram?	☐ Yes	□ No

3. Does your facility		☐ Yes	□ No		
4. Indicate which typ	e(s) of facilities your	r facility provides log	istic services:		
☐ Manufacturer	☐ Wholesaler	☐ Repackager	☐ Other:		
ATTESTATION					
I certify that I have read an	d approved the foreg	oing, and the statemen	nts are true and correc	ct; that I will cor	nply with
the requirements for non-	resident third-party	logistics providers a	s contained in the S	outh Carolina l	Pharmacy
Practice Act and Regulatio	1 0		hat I am responsible t	for abiding by th	ie statutes
and regulations governing	my role as the facilit	y's permit holder.			
Permit Holder Signature			Date		
Print Name of Permit Hold	ler		Permit Holder	Title	
Time realize of Fernine from					
Permit Holder Email:					

## 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.