

Requirements for Special Wholesale Distributor Authorization - Non-Resident (Initial Application)

1. Copy of the (veterinary or human prescription drug/nutritional supplement/non-prescription drug/medical device) distributor license or permit issued by the Board of Pharmacy of the State where the Distribution Center is physically located.
2. Copy of the license or permit for the distributor of (veterinary or human prescription drug/nutritional supplement/non-prescription drug/medical device) for sale outside the state and issued by the Board of Pharmacy of the State where the Distribution Center is physically located, if applicable.
3. Valid Certificate of Compliance (Good Standing) issued by the Pharmacy Board where the Distribution Center is physically located.
4. Copy of the Federal Tax Identification Number (FEID#).
5. Name of the person designated as representative of the Distribution Center for purposes of this application, including contact information with telephone number and email. Also, include a list of four people with name, position or rank and decision-making power in case the designated person is not available to attend to any matter that arises, including contact information.
6. Certification of compliance with the Puerto Rico Drug Registration requirements (download document and complete).
 - Downloaded document: *Certification of Compliance with Drugs Registration*
7. Negative Criminal Conduct Certification (download document and complete).
 - Downloaded document: *Clear Criminal History Record*
8. List of clients located in PR (Specify the type of facility).
9. Certification of compliance with the Annual Sales Report for facilities with a Triennial Registration Certificate. (download document and complete). Note- the download from the site does not correspond to this numeral.
 - Downloaded document: *Certification of Bond*
10. Self-certification (download document and complete).
 - Download document: *Self-Certification of Compliance*
11. Index of the manual of written procedures (including procedure for the validation of current licenses of clients in Puerto Rico).
12. Copy of the Bond for \$75,000 where the Division of Medicines and Pharmacy of SARAFS is included as beneficiary.