



Itinerant Vendor Registration Packet

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In order to process your request:

Mail your application with Initial documentation and your check money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent or with initial application to:

Pharmacy Quality Assurance
Commission Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

When your application for Drug Precursor Chemicals Registration license is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, change of location, or name change.

- **New**—First time requesting a Drug Precursor Chemicals Registration license.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed Drug Precursor Chemicals Registration.
- **Change of Location**—Changing the location address of the Drug Precursor Chemicals Registration. Include your current license number.
- **Name Change Only**—List your current facility name.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

- Application Fees:** Fees are non-refundable. You can check the online [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if they have them.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web sites.

Physical Address: Enter the agency's physical street location including city, state, zip code, and county.

Email address: Enter the agency's email address if available.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

- 2. Facility Information:**
Background Questions: Check yes or no and if you check yes, list and explain on a separate sheet of paper.

Drug Enforcement Administration (DEA) Registration Number: Enter the federal DEA registration number if dispensing controlled substances. Enter "pending" if the Drug Precursor Chemicals Registration has not been issued its DEA registration number.

- 3. Contact Information:**
Enter name, title, phone number, fax number, and email address.

- 4. Additional Information:**
Corporation information: Enter date of incorporation, corporate number, and state of corporation.

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, partners, members, and managers. Attach additional completed pages if you need more space.

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.

- Signature:**
Signature of legal owner or authorized representative.
Date signed.
Print name of legal owner or authorized representative.
Print title of legal owner or authorized representative.

Date
Stamp
Here

Fee
<input type="checkbox"/> New Itinerant Vendor Registration fee page
All application fees are nonrefundable

Revenue: 0262010000

Itinerant Vendor Registration

This is for: New Change of Location—Current License # _____

Change of Ownership **Name Change Only** – Current Facility Name _____

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #		
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Web site)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address:			
Mailing Address (If different than physical address)			
City	State	Zip Code	County

For Office Use Only

License # _____ Issue Date _____

2. Facility Specific Information

Vehicle Information

Vehicle License # _____

Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? Yes No
If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? Yes No
If yes, list and explain on a separate sheet of paper.

3. Key Individuals

Contact Person Name	Phone (enter 10 digit number) Title	Email Address
Contact Person Name	Phone (enter 10 digit number) Title	Email Address

4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation
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Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone #	Title

Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous Pharmacy License #	Effective Date of Ownership Change
Physical Address		

List the names of the drugs you plan to distribute

1.	7.	13.
2.	8.	14.
3.	9.	15.
4.	10.	16.
5.	11.	17.
6.	12.	18.

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative

Date

Print Name

Print Title

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RCW/WAC and Online Web Site Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative procedures and requirements, WAC 246-12](#)

[Pharmacy Laws, RCW 18.64](#)

[Pharmacy Rules, WAC 246-879](#)

On-Line

[AIDS Training Resources, Reference Page](#)

[Pharmacy Quality Assurance Commission, Web Page](#)