



**California State Board of Pharmacy**  
2720 Gateway Oaks Drive, Suite 100,  
Sacramento, CA 95833  
Phone: (916) 518-3100 Fax: (916) 574-8618  
[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

Business, Consumer Services and Housing Agency  
Department of Consumer Affairs  
Gavin Newsom, Governor



## **Renewal Application of a Third-Party Logistics Provider/ Nonresident Third-Party Logistics Provider License**

Complete the renewal application form and submit a check or money order made payable to the California State Board of Pharmacy (board). Failure to complete the renewal application in its entirety may result in the license not being considered for renewal. The information will be used to determine qualifications for licensure under the California Pharmacy Law. Failure to renew the license within 60 days after its expiration date, the license will be cancelled. (Business and Professions Code section 4402(e)) Once the license is cancelled, a new application must be submitted including all documents and meet all requirements in effect at the time of reapplication. It is a violation of pharmacy law to operate this premise without an active, valid license.

- **Renewal Fees:** \$1,009 (\$1,000 renewal fee plus \$9 CURES fee) if submitting before the expiration date, or
- **Renewal plus Delinquency Fees:** \$1,159 (\$1,000 renewal fee, \$9 CURES fee, plus \$150 delinquency fee) if the license has expired.

CURES Requirement: A wholesaler license is assessed \$9 at the time of renewal to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES). (Business and Professions Code section 208)

Section 4162 and 4162.5 of the Business and Professions Code requires a third-party logistics provider, at time of renewal, to have on file with the board a current surety bond or other equivalent means of security acceptable to the board. The board may request verification the third-party logistics provider is in compliance at time of renewal if surety bond the board has on file has expired. A third-party logistics provider license is not considered renewed without a current surety bond or other equivalent means of security on file with the board.

### **Mail the renewal form and payment to:**

California State Board of Pharmacy, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Email Requirement: Any facility licensed by the board is required to join the board's email notification list within 60 days of the issuance of a license or at the time of license renewal. A facility must also update the email address with the board's list 30 days of a change (Business and Professions Code section 4013). You must join the board's email notification list from the board's website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov).

A change of ownership and/or change of physical location of a wholesaler license requires a new application and must be submitted PRIOR to the change occurring. Whenever a change of ownership occurs, either a temporary license will need to be pursued or operation must stop until the entity is appropriately licensed by the board. New license numbers are issued for changes of ownership and for changes of location. The wholesaler application is available on the board's website.

Submit a Change of Permit application (17A-52), to notify the board of a change in executive officers, shareholders or when there has been a transfer of beneficial interest of 10%-49%. A Designated Representative-In-Charge (DRIC) application (17A-E1) must be submitted to notify the board of a change in DRIC. These changes must be reported to the board within 30 days of the change, separately from this renewal application. Applications are available on the board's website.





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Name of Third-Party Logistics Provider	License Number	Expiration Date	
Address	City	State	Zip Code
Telephone Number	Email Address		

**PLEASE READ THE INSTRUCTIONS BEFORE ANSWERING**

1. List the names of the executive or corporate officer(s), partners, and shareholder(s) of the facility.

Print Name	Title

**I certify that this Third-Party Logistics Provider license has a current surety bond or other equivalent means of security acceptable to the board at time of renewal.**

**The person signing this renewal application has the authority to bind the Third-Party Logistics Provider.**

*I hereby certify or affirm under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations in this application are true and correct.*

Signature of Person with Management or Control	Print Name	Date
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