

**Professional Licensing Agency**  
 402 West Washington Street  
 Room W072  
 Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

**Wholesale Drug Distributor Renewal**

You may renew online at [MyLicense.IN.gov](http://MyLicense.IN.gov). Create your login credentials using the Register a Business option. Your registration code was on the renewal notice emailed or mailed to each facility. You may also send this form with the renewal fee of \$100 to the address above with the required documentation, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after expiration, you must include a \$50 late fee. If you answer 'Yes' to any questions below, please send a signed statement fully explaining the response plus any additional documentation.

LICENSEE INFORMATION:			
Licensee Name	License Number	Expiration Date	Renewal Fee
Phone Number of Primary Contact		Email Address of Primary Contact	
QUESTIONS			
1. Since you last renewed, has the applicant or any of the applicant's employees or associates had a disciplinary action taken against a license held by them by the federal or any state government licensing agency, board, or commission?			YES NO
2. Since you last renewed, has the applicant or any of the applicant's employees or associates ever been convicted of a felony?			YES NO
3. Since you last renewed, has the applicant or any of the applicant's employees or associates been convicted of a crime related to wholesale or retail distribution of legend drug product?			YES NO
4. Is any action pending on any of the above?			YES NO
5. Are you a third-party logistics provider?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand Indiana Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.			
Signature Of Owner or Corporate Officer		Date (month, day, year)	

**Required Documentation:** You are required to provide a copy of your Drug Distributor (formerly known as a VAWD™) accreditation certificate with your renewal. Indiana law requires wholesale drug distributors (WDD) of legend drugs maintain accreditation from the NABP® under Section 46, IC 25-26-14-1 et seq. A Drug Distributor (VAWD) application form and instructions can be obtained on the NABP's Web site at [www.nabp.net](http://www.nabp.net).

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov).

**FOR OFFICE USE ONLY**

Renewal Fee	Receipt No.	Date
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