

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



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

Third Party Logistics Provider Renewal Form

Renew online at mylicense.in.gov using the Register a Business option to create your login credentials. Registration codes were provided in the renewal notices either 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 by email to renewal4@pla.in.gov or by fax to (317) 233-4236.

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
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 inspection report which must be dated, not more than two (2) years from the date of renewal pursuant to IC 25-26-14-31.

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Board of Pharmacy please email pla4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date