



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Pharmacy**  
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## **INSTRUCTION- NON-RESIDENT THIRD PARTY LOGISTICS PROVIDER**

This permit authorizes a facility outside the state to provide or otherwise coordinate warehousing, or other logistics services, of drugs or devices in interstate commerce on behalf of a manufacturer, wholesale distributor or a dispenser of a drug or device.

The permit holder for the applicant must attend an Application Review Committee meeting at the Board's office. Applicant will be notified by email of the date and time of the meeting for which they are scheduled. All requested information and emailed confirmation are required prior to the meeting date. Using false, fraudulent, forged statement or document, or committing a fraudulent, deceitful or dishonest act or omitting a material fact in obtaining licensure is grounds for discipline or permit denial.

Failure to complete all required fields and/or provide necessary supplemental documentation will delay the application process. If an item is not applicable, please indicate N/A. In order to avoid delay, please do not provide the items below in a binder, folder or use dividers. Also, provide items in the order as listed below.

South Carolina Non-Resident Third Party Logistics Provider Application is good for one (1) year from the date of receipt.

### **Include with your application:**

- Check or money order in the amount of \$700 made payable to SC Board of Pharmacy. (Application fee is non-refundable. A returned check fee of up to \$30 or an amount specified by law, may be assessed on all returned funds.)
- Copy of licensure from the applicant's home state.
- Copy of most recent inspection report. The inspection must have been conducted with the last 2 years.
- Copy of current DEA registration
- Copy of state controlled substance registration
- Copy of VAWD certificate
- Letter describing, in detail, the nature of your business in South Carolina
- List of every state permit/license applicant holds, or has ever held, with status and expiration date
- Include organizational chart. If a change of ownership, include charts of before and after the change. The chart must show the legal business entities from the ultimate parent company down to and including the applicant and must include the legal business name, trade name, and type of ownership for each entity on the chart. Chart must include owner's name with a ten percent or greater ownership interest in a non-publicly traded company.



## NON-RESIDENT THIRD PARTY LOGISTICS PROVIDER PERMIT APPLICATION

- New Facility
- Change to Existing Permit (Permit No.: \_\_\_\_\_)
  - Change of Name
  - Change of Location (From one city to another)
  - Change of Ownership (Include organizational chart before and after change)

FOR BOARD USE ONLY	
Date Paid	
Amount Paid	
Check No.	

Federal Tax ID No.: \_\_\_\_\_ NABP e-Profile ID No.: \_\_\_\_\_

Legal Name of Facility: \_\_\_\_\_

Trade Name of Facility (d/b/a) to License: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Mailing Address- where all correspondence regarding permitting will be sent if other than facility above:**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

**DISTRIBUTION ACTIVITY**

**1. Type of Prescription Drugs/Products 3PL will handle (check all that apply):**

- DEA controlled substances
- Medical gases
- Prescription devices
- Non-controlled prescription drugs
- Veterinarian prescription drugs
- Other (specify): \_\_\_\_\_

**2. Type of facilities applicant will be providing services for:**

- Manufacturer
- Wholesaler
- Reverse Distributor
- Repackager
- Other: \_\_\_\_\_

**3. Manufacturers and/or wholesale distributors for whom applicant will distribute product (attach additional sheets if necessary):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**4. Does facility have Drug Distributor Accreditation through NABP?**

- Yes Attach a copy of the certificate.  
 No If no, do you voluntarily comply with the standards for third party logistics providers?  Yes  No

Controlled Substances Non-resident wholesalers/distributors/manufacturers permitted by the SC Board of Pharmacy who distribute or manufacture controlled substances are required to obtain a South Carolina Controlled Substances Registration from the SCDHEC-Bureau of Drug Control. Access the application via website at [www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/NewRegistrations/](http://www.dhec.sc.gov/Health/FHPF/DrugControlRegisterVerify/NewRegistrations/).

**5. Are you currently shipping into South Carolina?**  Yes  No  
 If Yes, attach a list of customers.

**OWNERSHIP INFORMATION** (Check type of ownership and complete information.)

Sole Proprietorship Name of business entity: \_\_\_\_\_

Name	City, State	Birth Year

General Partnership  LLP Name of Partnership/LLP: \_\_\_\_\_

Partner Name	City, State	% of Ownership	Birth Year

Corporation  LLC  Legal Name of Corporation/LLC: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Name of Parent Company: \_\_\_\_\_

Name of Individual Owners and Principal Officers	Title	City, State	% of Ownership	Birth Year

**DISCIPLINARY HISTORY**

If you answer “Yes” to any part of this section, provide a detailed explanation on a separate sheet, and attach copies of applicable court documentation. Include the city and state where the offense(s) occurred.

TO THE BEST OF YOUR KNOWLEDGE HAS THE APPLICANT to the entity, the undersigned permit holder, any person or entity identified in the ownership/management section above, or any entity under common control with the applicant EVER:

- Had a permit or professional license disciplined, denied, refused or revoked for violations of any federal or state pharmacy laws or drug laws?  YES  NO  
 Is there any pending disciplinary action?  YES  NO

2. Been convicted, fined, or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor in South Carolina or any other state, or in a United States court for:
  - a. any offense relating to drugs, narcotics, controlled substances or alcohol, whether or not a sentence was imposed?  YES  NO
  - b. any offense involving the practice of pharmacy, or relating to acts committed within a pharmacy or drug/device distributor setting or incident to pharmacy practice, whether or not a sentence was imposed?  YES  NO
  - c. any offense involving fraud, dishonesty or moral turpitude whether or not a sentence was imposed?  YES  NO
3. Had an application for a drug/device distributor permit, pharmacy, or pharmacist license, permit or certificate or a technician license or registration, denied, refused in South Carolina or any other state or country?  YES  NO
4. Had disciplinary action taken against you, or a pharmacy or drug/device distributor facility you owned, or a pharmacy or drug/device distributor facility where you were employed, by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country?  YES  NO
5. Operated, or allowed the facility to operate without a valid permit?  YES  NO
6. Violated the drug/device laws, rules, statues and/or regulations of South Carolina, or any other State or Country?  YES  NO

SECTION 40-43-83 (E) The board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the permitting and inspection or entities located in this jurisdiction and those located outside this State.

**ATTESTATION**

I declare that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief; that I will comply with the applicable provisions of the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

\_\_\_\_\_  
Signature of Responsible Person acting as Permit Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and Title of Responsible Person/Permit Holder

\_\_\_\_\_  
Email address of Permit Holder or Contact Person

\_\_\_\_\_  
Phone Number