



**2024-2025 THIRD PARTY LOGISTICS (“3PL”) PROVIDER PERMIT RENEWAL (IN-STATE)**

**Renewal Requirements and Instructions:**

FOR BOARD USE ONLY	
Date Paid	
Check No.	
Amount Paid	

- Renewal fee in the form of a check or money order (no cash) payable to SC Board of Pharmacy. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- **Renewal / Late Fees:**  
 Postmarked before 6/1/2024: **\$140**  
 Postmarked on or after 6/1/2024: Late Fee \$50 + Renewal Fee \$140 = **\$190**
- Beginning July 1, 2024, lapsed permits will be assessed fees of \$10/day until the permit is reinstated.
- Permits not renewed by June 30, 2024, are lapsed and may not operate. A facility that operates with a lapsed permit is in violation of S.C. Code Ann. § 40-43-140 and may be subject to disciplinary action. A permit holder who allows a site to operate with a lapsed permit is in violation of S.C. Code Ann. § 40-43-83 and may be subject to disciplinary action.
- If there has been a 50% or more change in ownership, legal name change or relocation of the facility, contact the Board before renewing the permit.

**FACILITY INFORMATION**

Federal Tax ID No.: \_\_\_\_\_ SC Permit No.: \_\_\_\_\_

NABP e-Profile ID (If applicable): \_\_\_\_\_

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

DBA Name: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name of Designated Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email for Designated Representative: \_\_\_\_\_

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

Facility Name: \_\_\_\_\_

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

Days and Hours of Operation: \_\_\_\_\_

Has there been a change in ownership of 50% or more since last renewal that has not been reported to the Board?

Yes – Contact the Board of Pharmacy office before completing this application.  No

1. Does your facility distribute controlled substances?  Yes  No

2. Indicate which type(s) of facilities your facility provides logistic services:

Manufacturer  Wholesaler  Repackager  Reverse Distributor  Outsourcer

Relabeler  Other: \_\_\_\_\_

**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.

- 1. Since your last renewal, has any license, permit or registration that the facility and permit holder holds been disciplined, denied, refused, voluntarily surrendered, agreed to permanently cease operations or revoked for violations of any federal or state pharmacy laws or drug laws, regardless of state?  Yes  No

**If Yes,** attach a full written explanation and attach copies of applicable court documents, board orders, copies of disciplinary action, and any other relevant documentation.

- 2. Is there any pending disciplinary action against any of the licenses, permits or registrations described in Question 1?  Yes  No

- 3. Since your last renewal has any licensee or permit holder 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 federal 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 manufacturer setting or incident to pharmacy practice, whether or not a sentence was imposed?  Yes  No
  - c. any offense involving fraud or dishonesty whether or not a sentence was imposed?  Yes  No

**ATTESTATION**

I certify that I have read and approved the foregoing, and the statements are true and correct; that I will comply with the requirements for third-party logistics providers as contained in the South Carolina Pharmacy Practice Act and Regulations promulgated thereunder. I understand that I am responsible for abiding by the statutes and regulations governing my role as the facility’s permit holder.

\_\_\_\_\_  
Permit Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Permit Holder

\_\_\_\_\_  
Title

\_\_\_\_\_  
Permit Holder Email

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

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.