



**THIRD PARTY LOGISTICS PROVIDER (3PL) AND VIRTUAL WHOLESALER/BROKER  
REQUEST TO RENEW WHILE OBTAINING STATE LICENSURE OR VAWD ACCREDITATION**

*Statement to Be Completed by the Responsible Person for the Wholesale Distributor of Dangerous Drugs License with a THIRD PARTY LOGISTICS PROVIDER or VIRTUAL WHOLESALE DISTRIBUTOR/BROKER classification.*

Effective April 4, 2016, the Board may authorize a one-time renewal to a Wholesale Distributor of Dangerous Drugs with a *THIRD PARTY LOGISTICS PROVIDER (3PL) or VIRTUAL WHOLESALE DISTRIBUTOR/BROKER* classification in the event a valid state license **OR** [Verified-Accredited Wholesale Distributors \(VAWD\)](#) accreditation is not available at the time of renewal [Ohio Administrative Code [4729-9-28\(C\)](#) and [4729-9-29\(C\)](#), effective April 1, 2016].

If you are seeking to renew a current Ohio license that now falls under the 3PL or Virtual Distributor/Broker classification and you do not have a license in the state in which you are physically located, you **must** complete this request and upload to the State of Ohio Board of Pharmacy website at: <http://www.pharmacy.ohio.gov/Licensing/GeneralDocumentUpload.aspx>

I certify that I will provide to the State of Ohio Board of Pharmacy on or before the 2017 Wholesale Distributor of Dangerous Drugs renewal date either of the following:

- A valid state license to distribute dangerous drugs in the state in which the business is physically located; OR
- A letter from the state licensing agency where the business is physically located that indicates that the state does not license such entities **AND** VAWD accreditation from the National Association of Boards of Pharmacy.

Business Name (name applicant will be DOING BUSINESS AS reflected by signage/how you will answer phone):	Wholesaler of dangerous drug (WDDD) number if applicable:
Street Address, City, State, Zip Code (No P.O. Box):	DEA number if applicable:

Printed Name of Responsible Person:	Social Security Number or Date of Birth:
Signature of Responsible Person:	Date:

