



DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
PHARMACEUTICAL CONTROL
899 North Capitol Street, NE 2nd Floor
WASHINGTON, D.C. 20002
Telephone (202) 724-4900

DRUG MANUFACTURE AND DISTRIBUTION
LICENSURE/REGISTRATION APPLICATION

RETURN THIS COMPLETED APPLICATION AND FEE TO THE DEPARTMENT OF HEALTH. MAKE CHECK OR MONEY ORDER PAYABLE TO D.C. TREASURER.

CHECK ONE:

MANUFACTURER REPACKAGER WHOLESALER DISTRIBUTOR
TYPE OF REGISTRATION NEW RENEWAL CHANGE OF OWNERSHIP

1. NAME OF COMPANY: _____

2. ADDRESS TO BE REGISTERED: _____

3. TELEPHONE NUMBER: () _____ 4. IF RENEWAL, CERTIFICATE NUMBER _____

5. NAME AND RESIDENT ADDRESS OF RESPONSIBLE COMPANY OFFICIAL:

6. MAILING ADDRESS (IF DIFFERENT FROM ITEM #2): _____

7. OWNERSHIP: PROPRIETORSHIP PARTNERSHIP/JOINT
 CORPORATION VENTURE

8. List in space (provided on next page) name and resident address for the following:

- A. Proprietorship-Proprietor
- B. Partnership-All Partners
- C. Corporation-Officers and Responsible Official at registered address

