New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369, Trenton, NJ 08625-0369  
Phone: 609-826-4935  
Fax: 609-826-4990  
www.nj.gov/health/foodanddrugsafety

RENEWAL OR DISCONTINUATION APPLICATION  
TO OPERATE A WHOLESALE DRUG OR MEDICAL DEVICE BUSINESS  
PURSUANT TO N.J.S.A. 24:6B  
FOR THE PERIOD ENDING: January 31, 2017

Any person who engages or continues to engage in the manufacturing or wholesaling of drugs or medical devices without having registered is guilty of a misdemeanor. ALL ITEMS MUST BE FULLY COMPLETED AND THE REQUESTED FEE RECEIVED BY DECEMBER 19, 2015 IN ORDER TO BE RENEWED ON TIME.

Registered as: ☐ Manufacturer ☐ Wholesaler  
Registration Number: 

FEES SCHEDULE

- $200.00 If the business has less than 2 locations in state or out of state.
- $500.00 If the business has 2 or more locations in state or out of state.
- $50.00 For each location in the state if the gross total annual business in drugs or medical devices does not exceed 3% of the gross total annual volume. CPA must complete and sign the Certification section at the bottom of the form.

Make check payable to "Treasurer, State of N.J." Payment must be made with company check; no personal checks will be accepted. Or, visit nj.gov/health/foodanddrugsafety and follow instructions for online payment.

Federal ID Number: ____________________________

LOCATIONS CURRENTLY CONDUCTING DRUG OR MEDICAL DEVICE BUSINESS  
(ATTACH COPY OF CURRENT STATE LICENSE FOR EACH LOCATION.)

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
<th>Responsible Person</th>
<th>Telephone Number</th>
<th>Residential?</th>
<th>Activity Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

IF ADDING OR CHANGING ANY LOCATIONS, YOU MUST COMPLETE BELOW.  
(MUST attach copy of license)

Company Name: ____________________________  
Street Address: ____________________________  
City, State, Zip Code: ____________________________  
Responsible Person: ____________________________  
Telephone Number: ____________________________  
Activity Conducted: [ ] Manufacturer  
[ ] Warehouse  
[ ] Repacker  
[ ] Distributor  
[ ] Broker Only  
[ ] Relabeler  
[ ] Reverse Distributor  
[ ] Contract Manufacturer  
[ ] Logistics Provider Company

Changes Requested  
[ ] Change in Trade Name  
[ ] Change in Corporate Structure  
[ ] Change in Mailing Address  
[ ] Change in Ownership

NOTE: For changes that affect the legal entity or ownership, a new registration application must be completed. You are required to notify the NJDOH of any intended/actual change in Trade Name, Corporate Structure, Mailing Address, or Change of Ownership. Change in Ownership requires a new application to be completed.

DISCONTINUANCE OF OPERATIONS INFORMATION  
(Include a detailed explanation that all inventory has been accounted for, reclaimed and/or disposed of properly, and the method used.)

Date Operations Discontinued: ____________________________  
Reason for Discontinuation of Operations:  
[ ] Sold  
[ ] Out of Business  
[ ] Bankruptcy  
[ ] Other: ____________________________  

If Sold, Name and Address of Purchaser: ____________________________

ALL ITEMS MUST BE FULLY COMPLETED OR THE RENEWAL APPLICATION WILL NOT BE PROCESSED. RETAIN A COPY FOR YOUR RECORDS.  
MAIL ORIGINAL COPY WITH YOUR FEE IN THE ENVELOPE PROVIDED.
# RENEWAL OR DISCONTINUATION APPLICATION

TO OPERATE A WHOLESALE DRUG OR MEDICAL DEVICE BUSINESS

(Continued)

ALL ITEMS MUST BE FULLY COMPLETED OR THE RENEWAL APPLICATION
WILL NOT BE PROCESSED. RETAIN A COPY FOR YOUR RECORDS.
MAIL ORIGINAL COPY WITH YOUR FEE IN THE ENVELOPE PROVIDED.

<table>
<thead>
<tr>
<th>Full Legal Name of Authorized Representative for NJ Commerce (as defined in N.J.S.A. 24:6B-19) (First, Middle, Last):</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Email Address</td>
</tr>
<tr>
<td>Street Address</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

## ATTESTATIONS

1. Has any employee, officer, stockholder, board member associated with the company been indicted or convicted of any federal, state, or local law relating to drug samples, drug manufacturing, wholesale or retail drug distribution, or distribution of control substances? (If yes, please explain and attach the court decision and adjudication.)
   - [ ] Yes
   - [ ] No

2. Has the company furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (If yes, please explain.)
   - [ ] Yes
   - [ ] No

3. Have any inspections of your facility resulted in deficient ratings? (If yes, please explain.)
   - [ ] Yes
   - [ ] No

4. Has your company met all licensing requirements of your state? Please attach a copy of your most current inspection. (If no, please explain.)
   - [ ] Yes
   - [ ] No

5. To the best of your knowledge has the company been denied a license to manufacture and/or distribute prescription drugs in your state, or any other state? (If yes, please explain.)
   - [ ] Yes
   - [ ] No

(To be signed by individual Owner, Partner, Corporate President or Shareholder Principal, whichever is applicable.)

I hereby certify that the information given in this statement for Registration is true and complete to the best of my information and belief.

<table>
<thead>
<tr>
<th>Full Legal Name (First, Middle, Last)</th>
<th>Title</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

## COMPLETE THIS CERTIFICATION ONLY IF YOU ARE FILING FOR THE $50.00 FEE

CERTIFICATION BY CERTIFIED PUBLIC ACCOUNTANT (CPA)

I hereby certify that the gross total business in drugs or medical devices of Registrant named above does not exceed 3% of the gross total annual volume of business of the registrant.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Certified Public Accountant (CPA)</td>
<td>License Number</td>
</tr>
<tr>
<td>Street Address</td>
<td>City, State, Zip Code</td>
</tr>
</tbody>
</table>

IMPORTANT: YOU MUST ATTACH A COPY OF THE CURRENT STATE LICENSE FOR EACH LOCATION, OR THE RENEWAL APPLICATION WILL NOT BE PROCESSED. THIS RENEWAL APPLICATION MUST BE RECEIVED BY DECEMBER 19, 2015, IN ORDER FOR THE COMPANY REGISTRATION TO BE RENEWED ON TIME.