



## **Itinerant Vendor Registration Packet**

### **Contents:**

1. 690-175 .... Contents List/Mailing Information ..... 1 Page
2. 690-176 .... Application Instructions Checklist ..... 2 Pages
3. 690-063 .... Itinerant Vendor Registration Application..... 3 Pages
4. RCW/WAC and Online Web Site Links ..... 1 page

### **In order to process your request:**

**Mail your application with Initial documentation and your check money order payable to:**

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent or with initial application to:**

Pharmacy Quality Assurance  
Commission Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

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## Application Instructions Checklist

When your application for Drug Precursor Chemicals Registration license is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

**Indicate type of application—New, change of ownership, change of location, or name change.**

- **New**—First time requesting a Drug Precursor Chemicals Registration license.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed Drug Precursor Chemicals Registration.
- **Change of Location**—Changing the location address of the Drug Precursor Chemicals Registration. Include your current license number.
- **Name Change Only**—List your current facility name.

**Check One:**

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

- Application Fees:** Fees are non-refundable. You can check the online [fee page](#) for current fees.

**1. Demographic Information:**

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone and Fax Numbers:** Enter the owner's phone and fax number.

**Email and Web Address:** Enter the owner's email and agency Web addresses, if they have them.

**Facility/Agency Name:** Enter the agency's name as advertised on signs, brochures or Web sites.

**Physical Address:** Enter the agency's physical street location including city, state, zip code, and county.

**Email address:** Enter the agency's email address if available.

**Phone and Fax Numbers:** Enter the agency's phone and fax number.

**Mailing Address:** Enter the agency's mailing address, if different than physical address.

- 2. Facility Information:**  
**Background Questions:** Check yes or no and if you check yes, list and explain on a separate sheet of paper.

**Drug Enforcement Administration (DEA) Registration Number:** Enter the federal DEA registration number if dispensing controlled substances. Enter “pending” if the Drug Precursor Chemicals Registration has not been issued its DEA registration number.

- 3. Contact Information:**  
Enter name, title, phone number, fax number, and email address.

- 4. Additional Information:**  
**Corporation information:** Enter date of incorporation, corporate number, and state of corporation.

**Legal Owner:** List the names, titles, addresses, and phone numbers of the corporate officers, partners, members, and managers. Attach additional completed pages if you need more space.

**Change of Ownership Information:** List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.

- Signature:**  
Signature of legal owner or authorized representative.  
Date signed.  
Print name of legal owner or authorized representative.  
Print title of legal owner or authorized representative.



Date Stamp Here

Fee	
<input type="checkbox"/> New Itinerant Vendor	
Registration .....	<a href="#">fee page</a>
<b>All application fees are nonrefundable</b>	

Revenue: 0262010000

### Itinerant Vendor Registration

This is for:  New  Change of Location—Current License # \_\_\_\_\_

Change of Ownership  **Name Change Only** – Current Facility Name \_\_\_\_\_

#### Check One

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

#### 1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)	Email Address
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Facility/Agency Name (Business name as advertised on signs or Web site)

Physical Address

City	State	Zip Code	County
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Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)	Email Address:
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Mailing Address (If different than physical address)

City	State	Zip Code	County
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## 2. Facility Specific Information

### Vehicle Information

Vehicle License # \_\_\_\_\_

### Background Questions

Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? .....    
If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? .....    
If yes, list and explain on a separate sheet of paper.

## 3. Key Individuals

Contact Person Name	Phone (enter 10 digit number) Title	Email Address
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Contact Person Name	Phone (enter 10 digit number) Title	Email Address
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## 4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation
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### Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone #	Title

### Change of Ownership Information

Previous Name of Legal Owner

Previous Name of Facility	Previous Pharmacy License #	Effective Date of Ownership Change
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Physical Address

### List the names of the drugs you plan to distribute

1.	7.	13.
2.	8.	14.
3.	9.	15.
4.	10.	16.
5.	11.	17.
6.	12.	18.

# Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

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Signature of Owner/Authorized Representative

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Date

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Print Name

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Print Title

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## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative procedures and requirements, WAC 246-12](#)

[Pharmacy Laws, RCW 18.64](#)

[Pharmacy Rules, WAC 246-945](#)

### **Online**

[Pharmacy Quality Assurance Commission, Web Page](#)