

IOWA PRECURSOR SUBSTANCES PERMIT APPLICATION

Please type or print in ink.

1. TYPE OF PERMIT: RECIPIENT VENDOR BOTH
2. APPLICATION FOR: NEW _____ RENEWAL CHANGE _____
- Effective Date (please specify)

PERMIT PERIOD:

IOWA PERMIT NUMBER:

PERMIT FEE: **\$180.00**

ALL APPLICANTS ARE TO SHOW THEIR PLACE OF BUSINESS AS AN ADDRESS

AMOUNT REMITTED: \$ _____

Make checks payable to:
Iowa Board of Pharmacy

(DO NOT SEND CASH)

3 Name _____

Address _____

City, State, Zip _____

Iowa County _____

4. PHONE (_____) _____ E-MAIL ADDRESS: _____

5. IF BUSINESS, type of business _____

6. Type of ownership: Individual Partnership Corporation Other _____

(please specify)

7. A list of the precursor substances which you or your business will sell or receive is required with this application, including a description of how you or your business will use these products.

| SUBSTANCE | SELL/RECEIVE | DESCRIBE USE OF PRODUCT |
|-----------|--------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Attach additional sheets if necessary)

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.

REMIT TO: IOWA BOARD OF PHARMACY
6200 PARK AVE., SUITE 100
DES MOINES, IA 50321
PHONE: 515/281-5944 FAX: 515/281-4609

Information provided on this application may be disclosed pursuant to 657 Iowa Administrative Code Chapter 14.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my permit.

8. SIGN HERE _____

Authorized Signature * Date of Application

9. _____

Print or Type Name and Title of Individual Signed Above

* AUTHORIZED SIGNATURE -- Only the signature of the applicant (if individual), a partner, or the Chief Executive Officer of a corporation will be accepted on this application.