

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## PHARMACY EXAMINING BOARD

### INFORMATION FOR WHOLESALE DISTRIBUTOR of PRESCRIPTION DRUG LICENSE APPLICATION

#### (NEW, CHANGE IN OWNERSHIP, OR CHANGE OF LOCATION)

A completed application must be on file with the Pharmacy Examining Board at least 30 days prior to opening. An application is not complete until all of the following are received:

1. **Complete Application for the Licensure of a Wholesale Distributor of Prescription Drugs** and pay \$60.00 initial credential fee online via LicensE, <https://license.wi.gov/>. To determine when a change of ownership occurs please view chart on Page iii.
2. **Convictions and Pending Charges Form (#2254)**: All applicants will be required to answer questions on the application form about convictions of any crime, other violations and pending charges in Wisconsin or any other state. If, while completing the questions, you are instructed to submit Form 2254, pay the additional \$8.00 fee in LicensE and upload all required documentation.  
If an applicant has been convicted of one or more misdemeanor or other violations or has pending charges, and if the Pharmacy Examining Board determines that the crimes or violations are substantially related to the practice of a wholesale distributor, the Board will not grant a license until it has received sufficient information to determine whether the license should be granted, denied, or limited. It is the responsibility of the applicant to provide complete information to the Board. Applications are deemed complete after submission of all relevant background information by the applicant.
3. **Fingerprints**: You will receive information on how to obtain **digital** fingerprints **after** the Department has received a signed Authorization for Release of FBI Information (**Form #2687**). **Please do not submit paper fingerprint cards.**
4. **The Authorization for Release of FBI Information (Form #2687)**: This form must be submitted for the Designated Representative listed on the Wholesale Distributor Application Form (#2814). It **must** be signed by the Designated Representative and returned with the application. **ALL** designated representatives **MUST** submit Form 2687. However, if the distributor applicant is accredited by the National Association of Boards of Pharmacy's Drug Distributor Accreditation (DDA) program, designated representative *fingerprints* are NOT required.
5. **Complete and submit Designated Representative Form (#2812)**: This form is completed for the named Designated Representative listed in the application noted in Item 1 above. A current photograph of head and shoulders of designated representative **must** be attached.
6. **Surety Bond (Form #2819) or Irrevocable Letter of Credit (Form #2824)**: (DSPS forms must be used. There are no exceptions or modifications to a form that will be approved.) Per Wis. Admin. Code § Phar 13.055, all applicants shall supply a surety bond **or** an irrevocable letter of credit in the amount of \$5,000.00, which is issued by a company authorized to do business in the State of Wisconsin. The form of the bond or letter of credit shall be approved by the Department and conditioned so that the state shall be fully compensated or reimbursed for, and shall be used to, secure payment of fees or costs that relate to the issuance of a wholesale distributor's license that have not been paid within 30 days after the fees or costs have become final. The bond or letter shall be valid for the entire period of an unexpired license issued to the applicant. No claim may be made against a bond or other security under this subsection more than one year after the date on which the applicant's wholesale distributor's license expires. SURPLUS LINE – Insurers ARE NOT authorized to do surety business in Wisconsin.
  - a) **If the applicant chooses to obtain the \$5,000.00 surety bond, complete and return the Bond of Prescription Drug Wholesale Distribution (Form #2819).**
  - b) **If the applicant chooses to submit a \$5,000.00 Irrevocable Letter of Credit, complete and return the Letter of Credit (Form #2824).**
7. **Provide the above items, along with the required fee, to the Pharmacy Examining Board, at least 30 days prior to the proposed opening date.** Items should be uploaded into your online [LicensE](https://license.wi.gov/) application. Requirements and procedures for applying for a wholesale distributor license are specified in Wis. Stat. § [450.071](#). A license application and fee shall be on file with the Board at least 30 days prior to the granting of the distributor license. If you have not been inspected in the 3-year period immediately preceding the date of this application, your application will be denied and the application fee will not be returned. Once the required inspection is obtained, a new application will need to be filed and a new application fee paid. You may not conduct business in Wisconsin while awaiting licensure. A distributor may not operate unless a distributor license has been granted. Board action shall be taken within 60 business days of receipt of a completed distributor application, as provided in Wis. Admin. Code §§ Phar 13.07 and SPS 4.03.
8. **If controlled substances are distributed**, contact the Federal Drug Enforcement Administration for registration forms at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov), (571) 362-6251, DEA, 230 South Dearborn Street, John C. Kluczynski Federal Building, Suite 1200, Chicago, Illinois 60604.

# Wisconsin Department of Safety and Professional Services

## **Procedure for Reporting Theft or Loss of Controlled Substances**

The Designated Representative is responsible for reporting any theft or loss of controlled substances to the U.S. Department of Justice, DEA Kluczynski Building, Suite. 1200, 230 S. Dearborn Street, Chicago, IL 60604 (312-353-7875, or 800-882-9539 toll free), and to the Pharmacy Examining Board, P.O. Box 8935, Madison, WI 53708-8935, (608-266-2112). Report the theft or loss on Form DEA-106, *Report of Theft or Loss of Controlled Substances*, obtainable from DEA at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov). Make four (4) copies. Send the original and one copy to the DEA office, one copy to the Pharmacy Examining Board, and one copy should be kept with the biennial inventory in the Pharmacy.

All thefts or significant losses must be reported to DEA officials. In any instance that a pharmacy, practitioner, or other DEA registrant authorized to possess controlled substances is required to file with the DEA a *Report of Theft or Loss of Controlled Substances*, the pharmacy, practitioner, or other DEA registrant shall also send a copy to the Board the same day of the DEA filing (Wis. Admin. Code § [Phar 8.04](#)).

## **Procedure For Destroying Controlled Substances**

Contact the DEA Diversion Group, 4725 West Electric Avenue, West Milwaukee, WI 53219, (414) 336-7370, or [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) for the proper forms and procedures.

## **Approved Prescription Drug Products and Code of Federal Regulations**

These publications are obtainable from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20401, <https://www.gpo.gov/>.

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Wis. Stat. § 450.06(3) requires that a new wholesale distributor license be obtained following a change of ownership. The following chart sets forth when a change of ownership is deemed to have occurred or not occurred. Following the issuance of a new license, that new licensee must also renew that new license at the next required renewal date, regardless of when that new license was issued.

Owner	Transaction	Change in Ownership?
Individual	Sells wholesale distributor to another	Yes
Individual	“Incorporates” him or herself and there are no other shareholders.	No (Notify Board on company letterhead and include your WI license number.)
Individual	Incorporates and adds shareholders other than self, or goes into partnership with other(s).	Yes
Partnership	Sells distributor to another	Yes
Partnership	Members of partnership change <u>and</u> dissolves; e.g., individual(s) leaves.	Yes
Partnership	Members of partnership change, but partners vote not to dissolve unanimously or by partnership agreement.	No
Partnership	Partnership decides to incorporate itself.	No, as long as no shareholders added were <b>not</b> partners before. (Notify Board on company letterhead and include your WI license number.)
Corporation*	Change in shareholders (including sale of all stock)	No (Corporation owns wholesale distributor—not shareholders.)
Corporation	Sells all assets (as opposed to stock)	Yes (One asset being sold is wholesale distributor; corporation no longer owns it after asset sale.)
Corporation	Becomes a subsidiary or division of another corporation	No (Corporation still owns wholesale distributor, regardless of who owns corporation.)
Corporation	Merges into/or consolidates with another corporation <u>and</u> loses corporate “identity.”	Yes

**\*Limited Liability Companies created under Wis. Stat. ch. 183 are the same as corporations for change of ownership.**

If you answered “yes” to any of the above items, **you cannot renew your current license**. You must go the Department website at: [www.dsps.wi.gov](http://www.dsps.wi.gov), choose “Professions,” “Wholesale Distributor of Prescription Drugs.” Follow all application instructions ([Form 2814](#)).

**Q: We would like to change our Doing Business As (DBA) name, how do we notify the Board?**

A: Please submit a letter to the Board indicating that this is **a name change only** and change of ownership has **not** occurred. Include your current and new name along with your WI license number. Please allow up to 15 business days for processing. You may print a new license certificate from your LicenseE account (<https://license.wi.gov/>) or you may submit [Form #3082](#) and \$10.00 to the Department to have a certificate mailed to you.

**Q: We would like to change our address; how do we notify the Board?**

A: If this is a postal change only and **no physical move has taken place**, submit a letter to the Board indicating that this is a postal change only and no physical change of location has occurred. Include your current and new addresses along with your WI license number. If the address change is due to a physical change of location, then a new application must be completed in order to receive a new license number. Go to the Department website at: [www.dsps.wi.gov](http://www.dsps.wi.gov), choose “Professions,” “Wholesale Distributor of Prescription Drugs.” Follow all application instructions ([Form 2814](#)).

**Q: We would like to close our facility; how do we notify the Board?**

A: Please submit a letter to the Board requesting closure. Indicate your facility name, Wisconsin license number, the reason for closure, and the date of closure.