

# Third-Party Logistics Provider (3PL) Application Instructions

**Do not use this application for facility manager changes**

A Third-Party Logistics Provider (3PL) is defined as an entity that provides or coordinates warehousing or other logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, but does not take ownership of the product nor have responsibility to direct the sale or other disposition of the product.

Every 3PL as defined in rule 657-43.2(155A), wherever located, that provides or coordinates warehousing or other logistics services of products into, out of, or within this state must be licensed by the Board in accordance with the laws and rules of Iowa before engaging in such logistics operations. Where activities are conducted at more than one location by a single 3PL, each location shall be separately licensed. A 3PL that handles controlled substances shall also obtain a Controlled Substances Act (CSA) registration pursuant to 657-Chapter 10.

**Inspection** – Each new 3PL location seeking licensure is required to be inspected prior to issuance of a license certificate.

- **Instate location** – If the applicant is located within Iowa, an inspection must be conducted by the Board or its authorized agent prior to the issuance of the license certificate and periodically thereafter.
- **Nonresident location** – If the applicant is located outside of Iowa, an inspection is required to be conducted by the applicant's home state regulatory authority or another Board-approved inspecting authority and a report of such inspection must be submitted with the application. The application must also include evidence of corrective actions taken to satisfy and deficiency identified in the inspection report and compliance with all legal directives of the home state regulatory authority, if applicable.

**Accreditation Requirement** – Applicants must provide evidence of current Drug Distributor Accreditation (DDA-formally known as VAWD) by the National Association of Boards of Pharmacy, Quality and Security Accreditation (QAS) by the National Coalition for Drug Quality and Security (NCDQS), or another accreditation body approved by the Iowa Board Pharmacy.

- **Instate location** – The requirement for accreditation does not apply to new applicants located in Iowa which must undergo an opening inspection by a Board compliance officer or agent of the Board prior to issuance of an initial license. However, instate licensees must provide evidence of accreditation on or before the initial renewal of the license.

**New Applicants** - Once a completed application is received, a background check packet will be sent to the mailing address indicated on the application. The background check packet is to be completed by the facility manager and returned to the Board for processing. **Do not submit any waiver or fingerprint card with this application. Do not submit a waiver or fingerprint card, by any delivery method, before receiving a background check packet from the Board. Any waiver and/or fingerprint card received before the Board's packet is sent will be destroyed.**

**Change Applications** – Changes made to the name, location, and/or owner require the submission of a completed application and applicable fee(s). Multiple changes to a license within the same application require only a single fee for the license and registration.

- **Instate location** – The application for license change must be submitted as far in advance as possible prior to the anticipated change.
- **Nonresident location** – The application for license change must be submitted within 10 days of the receipt of an updated license or registration from the home state regulatory authority, the DEA, or the FDA.

**For All Applicants** – Applications are processed in the order received. Please allow four to six weeks for completion of the application process, including processing of the background check, following return of the fingerprint packet.

**For Renewal Applicants** – The renewal period begins February 1. Changes to the 3PL's name, location, facility manager, and/or owner cannot be made when renewing the license. Any changes to the name, location, facility manager, and/or owner requires the submission of a separate application and fee.

An incomplete application for licensure will only be maintained for a maximum period of six months. Failure to submit all required information within 6 months of submission of the original application, including submission of a

completed background packet, if required, will result in the application becoming null and void and any fees submitted with the application are forfeited and will not be transferred or refunded.

Submit the completed application, including the instruction checklist, all attachments, and a check or money order in the appropriate amount made payable to the Iowa Board of Pharmacy to:

Iowa Board of Pharmacy, 6200 Park Ave. Ste. 100, Des Moines, IA 50321

|                                                                                                                                                                                                                                                                                                   |  |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|
| <b>Initial Application Fees</b>                                                                                                                                                                                                                                                                   |  |        |
| Initial Application Fee                                                                                                                                                                                                                                                                           |  | \$750  |
| Facility Manager Criminal Background Check Fee                                                                                                                                                                                                                                                    |  | \$45   |
| Initial Controlled Substances Act Registration (CSA) Fee (if applicable)                                                                                                                                                                                                                          |  | \$90   |
| <i>A 3PL that handles controlled substances within or into Iowa is required to obtain a CSA.</i>                                                                                                                                                                                                  |  |        |
| <b>3PL License Renewal Fee</b> – 3PL licenses expire annually on March 31                                                                                                                                                                                                                         |  |        |
| Renewal Fee - Applications postmarked between February 1 and March 31                                                                                                                                                                                                                             |  | \$750  |
| Renewal and Penalty Fee - Applications postmarked between April 1 and April 30                                                                                                                                                                                                                    |  | \$1500 |
| Reactivation Fee - Applications postmarked after April 30                                                                                                                                                                                                                                         |  | \$2000 |
| <i>Licensees submitting a reactivation application are required to disclose the services, if any, that were provided to Iowa customers while the license was delinquent or expired.</i>                                                                                                           |  |        |
| <b>CSA Renewal Fees</b> – Registrations expire biennially on March 31                                                                                                                                                                                                                             |  |        |
| Renewal Fee – Applications postmarked between February 1 and March 31                                                                                                                                                                                                                             |  | \$90   |
| Renewal and Penalty Fee – Applications postmarked between April 1 and April 30                                                                                                                                                                                                                    |  | \$180  |
| Reactivation fee – Applications postmarked after April 30                                                                                                                                                                                                                                         |  | \$360  |
| <i>Registrants submitting a reactivation application are required to disclose the activities conducted with respect to controlled substances while the registration was delinquent or expired.</i>                                                                                                |  |        |
| <b>License Change Application Fees</b>                                                                                                                                                                                                                                                            |  |        |
| Application Fee                                                                                                                                                                                                                                                                                   |  | \$750  |
| CSA Fee (if applicable)                                                                                                                                                                                                                                                                           |  | \$90   |
| <b>Late License Change Application Fees</b> - These fees are due for applications that are not timely submitted but are submitted within 30 days of the required submission date. These fees include the timely application fee and are <b>not</b> in addition to the previously identified fees. |  |        |
| Application Fee and Penalty Fee                                                                                                                                                                                                                                                                   |  | \$1500 |
| CSA Fee (if applicable)                                                                                                                                                                                                                                                                           |  | \$180  |
| <b>Reactivation Fee</b> – These fees are due for applications submitted more than 30 days after the required submission period.                                                                                                                                                                   |  |        |
| License Reactivation Fee                                                                                                                                                                                                                                                                          |  | \$2000 |
| CSA Reactivation Fee                                                                                                                                                                                                                                                                              |  | \$360  |

  

|                                                                                                                                                                                             |     |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>APPLICATION CHECKLIST</b>                                                                                                                                                                |     |     |
| Inspection Report (Nonresident Only)                                                                                                                                                        | Yes | N/A |
| License/Permit from State of Residence (Nonresident Only)                                                                                                                                   | Yes | N/A |
| Proof of NABP DDA, QAS, Board-Approved Accreditation, or compliance with Board- <b>approved</b> waiver                                                                                      | Yes | N/A |
| List of disciplinary actions by licensing authorities and documentation of final disciplinary orders                                                                                        | Yes | N/A |
| List of final denial orders by licensing authorities and documentation of final denial orders                                                                                               | Yes | N/A |
| List of each criminal conviction and court record(s) of the conviction(s)                                                                                                                   | Yes | N/A |
| <b>Facility Manager Addendum</b> – The addendum and documents are only required for initial applicants.                                                                                     |     |     |
| Facility Manager's Resume                                                                                                                                                                   | Yes | N/A |
| Government-Issued Photo ID                                                                                                                                                                  | Yes | N/A |
| List of disciplinary actions taken against any professional or business license not previously reported to the Board and documentation of final disciplinary orders                         | Yes | N/A |
| Explanation and documentation of violation(s) of any federal or state law pertaining to the possession, control, or distribution of prescription drugs not previously reported to the Board | Yes | N/A |
| List of each criminal conviction and court records of the conviction(s), and any pending criminal charges not previously reported to the Board                                              | Yes | N/A |



**Iowa Board of Pharmacy**  
 6200 Park Ave. Ste. 100  
 Des Moines, IA 50321  
 515-281-5944

## Application for 3PL License

Please type or print legibly in ink. Complete all application sections and sign. **Incomplete or illegible forms will delay the processing of the license.** Do not use this application for facility manager changes.

| APPLICATION TYPE            |                          |                          |                          |         |
|-----------------------------|--------------------------|--------------------------|--------------------------|---------|
| New                         | Name Change              | Ownership Change         | Location Change          | Renewal |
| Anticipated Date of Opening | Effective Date of Change | Effective Date of Change | Effective Date of Change |         |

| APPLICANT/LICENSEE INFORMATION |             |               |
|--------------------------------|-------------|---------------|
| Name of Licensee (DBA)         |             |               |
| Iowa License Number            |             |               |
| Legal Name                     |             |               |
| Federal Tax ID Number          |             |               |
| NABP e-Profile ID              |             |               |
| Name of Facility Manager       |             |               |
| Type of Ownership              |             |               |
| Sole Proprietorship            | Partnership | C Corporation |
| S Corporation                  | LLC         | Government    |

If the facility does not have an NABP e-profile number, one may be created by going to [nabp.pharmacy](http://nabp.pharmacy).

| Facility Physical Address – physical location of establishment which should be reflected on all sales invoices and shipping documents |  |                                         |  |            |   |
|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|------------|---|
| Street Address                                                                                                                        |  |                                         |  |            |   |
| City                                                                                                                                  |  | State                                   |  | Zip Code   |   |
| Telephone Number                                                                                                                      |  | Landline                                |  | Cell Phone |   |
| Fax Number                                                                                                                            |  | If cell, will you accept text messages? |  | Y          | N |
| Email Address                                                                                                                         |  | Website                                 |  |            |   |
| Alternate Contact Phone Number at Facility                                                                                            |  |                                         |  |            |   |
| Outsourcing Facility Mailing Address                                                                                                  |  |                                         |  |            |   |
| Street Address                                                                                                                        |  |                                         |  |            |   |
| City                                                                                                                                  |  | State                                   |  | Zip Code   |   |

The facility phone number must be a direct number to the licensed facility.

| Facility Ownership – A change of ownership occurs when the owner listed on the 3PL facility's most recent application changes |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|
| Owner Name                                                                                                                    |  |
| Owner Address                                                                                                                 |  |
| Owner Phone Number                                                                                                            |  |
| Owner Email                                                                                                                   |  |
| Date Established                                                                                                              |  |
| State of Incorporation                                                                                                        |  |

| Home State License Information |  |              |  |
|--------------------------------|--|--------------|--|
| State                          |  |              |  |
| License Number                 |  | License Type |  |
| Original Issue Date            |  |              |  |
| Expiration Date                |  |              |  |

| State and Federal Permit/License/Registration Numbers – attach additional pages if necessary |                               |            |                 |        |
|----------------------------------------------------------------------------------------------|-------------------------------|------------|-----------------|--------|
| Licensing Body                                                                               | Permit/License/Registration # | Issue Date | Expiration Date | Status |
|                                                                                              |                               |            |                 |        |
|                                                                                              |                               |            |                 |        |
|                                                                                              |                               |            |                 |        |

| Description of the Scope of Services Provided in Iowa |
|-------------------------------------------------------|
|                                                       |

| Hours of Operation – indicate opening and closing times for each day of the week, indicate “closed” if not open any day |  |           |  |
|-------------------------------------------------------------------------------------------------------------------------|--|-----------|--|
| Sunday                                                                                                                  |  | Monday    |  |
| Tuesday                                                                                                                 |  | Wednesday |  |
| Thursday                                                                                                                |  | Friday    |  |
| Saturday                                                                                                                |  |           |  |

| REGISTERED AGENT - must be located in Iowa |  |       |      |          |  |
|--------------------------------------------|--|-------|------|----------|--|
| Name                                       |  |       |      |          |  |
| Street Address                             |  |       |      |          |  |
| City                                       |  | State | Iowa | Zip Code |  |

|                                                                                                                                                                                                                                                                                                                                                                                            |             |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|
| <b>ACCREDITATION - At least one box must be checked by every applicant. A facility located outside Iowa must be accredited at least by one of the first four entities or options.</b><br><i>Note: Inspection by an Iowa Board of Pharmacy compliance officer will be required at a facility located in Iowa before a new or relocated wholesale distributor license will be activated.</i> |             |                       |
| NABP-DDA                                                                                                                                                                                                                                                                                                                                                                                   | NCDQS – QAS | Board-Approved Waiver |
| Other Board-Approved accreditation (specify)                                                                                                                                                                                                                                                                                                                                               |             | Other                 |

| INSPECTION INFORMATION              |  |
|-------------------------------------|--|
| Most recent inspection performed by |  |
| Date of most recent inspection      |  |

| CONTROLLED SUBSTANCES ACT REGISTRATION                                                                                                                                                                             |                          |                         |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|-----------|
| Do you handle controlled substances within or into Iowa? If yes, a fee is required for new registrations, renewal applications, and changes to licensee information (see instructions for additional information). |                          |                         | Yes    No |
| DEA Registration Number                                                                                                                                                                                            |                          | Expiration Date         |           |
| Iowa CSA Registration Number                                                                                                                                                                                       |                          | Expiration Date         |           |
| PROPOSED DISTRIBUTION – check all schedules of controlled substances that you intend to handle within, out of, or into Iowa                                                                                        |                          |                         |           |
| Schedule I                                                                                                                                                                                                         | Schedule II Narcotic     | Schedule II Nonnarcotic |           |
| Schedule III Narcotic                                                                                                                                                                                              | Schedule III Nonnarcotic | Schedule IV             |           |
|                                                                                                                                                                                                                    | Schedule V               |                         |           |

| FOOD AND DRUG ADMINISTRATION (FDA) REGISTRATION                                                                                          |                             |    |    |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----|----|
| Is your facility registered with the FDA                                                                                                 | Yes                         |    | No |
| Registration Number                                                                                                                      | Expiration Date             |    |    |
| Type of Registration – select all that apply                                                                                             |                             |    |    |
| Animal and Veterinary Drugs                                                                                                              | Drug Establishment          |    |    |
| Medical Devices                                                                                                                          | Radiation-Emitting Products |    |    |
| Vaccines                                                                                                                                 | Blood                       |    |    |
| Biologics                                                                                                                                | Other:                      |    |    |
| Since your last application, has the facility been inspected by the FDA?                                                                 | Yes                         |    | No |
| If yes, date of most recent FDA inspection                                                                                               |                             |    |    |
| Since your last application, has the FDA issued a Form 483? ( <i>Attach the FDA's documentation and your response to the FDA</i> )       | Yes                         | No |    |
| Since your last application, has the FDA issued a Warning Letter? ( <i>Attach the FDA's documentation and your response to the FDA</i> ) | Yes                         | No |    |

*The regulatory questions only require an affirmative answer if there has been a reportable offense specific to the licensed location since the last application.*

| DISCIPLINARY ACTIONS – new applicants must disclose all disciplinary action described below                                                                                                                                                                                                                  |     |    |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|
| Since the last application, has the outsourcing facility, any owner, or Supervising Pharmacist been disciplined by any licensing authority? Discipline includes, but is not limited to, citations, reprimands, fines, and license/registration restrictions, probation, suspension, revocation, or surrender | Yes |    | No |
| Since the last application, has the outsourcing facility been denied a license or registration by any licensing authority?                                                                                                                                                                                   | Yes | No |    |
| Do you have any knowledge of any investigations, complaints, or charges pending before any licensing authority?                                                                                                                                                                                              | Yes | No |    |
| If you responded 'yes' to any of the above questions, please attach a written summary explaining the affirmative response and attach all applicable documents.                                                                                                                                               |     |    |    |

| CRIMINAL HISTORY – new applicants must provide a complete history                                                                                                                                                                                                                                                                                                                                                                                        |     |  |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|----|
| Since the last application, has the outsourcing facility, any owner, or facility manager been convicted of or entered a plea of guilty, nolo contendere, or no contest to any crime related to prescription drugs, controlled substances, healthcare, or the practice of pharmacy in any jurisdiction? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. | Yes |  | No |
| If you responded 'yes', please attach a written summary explaining each conviction and attach court record(s) of the conviction(s) if not previously provided to this Board.                                                                                                                                                                                                                                                                             |     |  |    |

| SIGNATURE                                                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| I hereby swear or affirm 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 the license. |  |
| Signature of Applicant                                                                                                                                                                                                                                                                              |  |
| Date                                                                                                                                                                                                                                                                                                |  |
| Printed Name and Title                                                                                                                                                                                                                                                                              |  |

**FACILITY MANAGER ADDENDUM – Initial and Renewal Applications Only. For changes, please use the 3PL Facility Manager Change Application.**

Please type or print legibly in ink. **Incomplete or illegible forms will delay the issuance of the license.**

| FACILITY MANAGER IDENTIFICATION                                                                                                                 |                                                                                                                                                                                                 |       |                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------|------------|--|
| First Name                                                                                                                                      |                                                                                                                                                                                                 |       |                                             |            |  |
| Middle Name                                                                                                                                     |                                                                                                                                                                                                 |       |                                             |            |  |
| Last Name                                                                                                                                       |                                                                                                                                                                                                 |       |                                             |            |  |
| Previous Name(s)                                                                                                                                |                                                                                                                                                                                                 |       |                                             |            |  |
| Street Address                                                                                                                                  |                                                                                                                                                                                                 |       |                                             |            |  |
| City                                                                                                                                            |                                                                                                                                                                                                 | State |                                             | Zip        |  |
| Date of Birth                                                                                                                                   |                                                                                                                                                                                                 |       |                                             | SSN        |  |
| Primary Phone Number                                                                                                                            |                                                                                                                                                                                                 |       | Landline                                    | Cell Phone |  |
|                                                                                                                                                 |                                                                                                                                                                                                 |       | If cell, will you accept text messages? Y N |            |  |
| Email Address                                                                                                                                   |                                                                                                                                                                                                 |       |                                             |            |  |
| PERSONAL ATTESTATIONS                                                                                                                           |                                                                                                                                                                                                 |       |                                             |            |  |
| Initial each statement to indicate your understanding and agreement to abide by applicable federal and state laws governing logistics services. |                                                                                                                                                                                                 |       |                                             |            |  |
|                                                                                                                                                 | I have adequate experience in providing or coordinating warehousing or other logistics services of products.                                                                                    |       |                                             |            |  |
|                                                                                                                                                 | I am employed by the applicant full-time in a managerial level position.                                                                                                                        |       |                                             |            |  |
|                                                                                                                                                 | I am actively involved in, and aware of, the daily operations of the facility.                                                                                                                  |       |                                             |            |  |
|                                                                                                                                                 | I am physically present, except for an authorized absence such as sick or vacation leave, at the facility of the applicant during regular business hours.                                       |       |                                             |            |  |
|                                                                                                                                                 | I do not have any felony convictions or convictions related to prescription drug and device distribution, including distribution of controlled substances, under federal, state, or local laws. |       |                                             |            |  |
|                                                                                                                                                 | I have knowledge and understanding of federal and state laws, rules, and regulations pertaining to drug and device distribution.                                                                |       |                                             |            |  |

***If you are unable to attest to all of the statements, provide an explanation.***

| ADDITIONAL QUESTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| If you answer "YES" to any question, please attach supporting documentation. Failure to provide complete and correct information may result in delay or denial of the third-party logistics application.                                                                                                                                                                                                                                                   |     |    |
| Have you had disciplinary action taken against any professional or business license you have held?                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
| Have you been enjoined, either temporarily or permanently, by a court of competent jurisdiction for violating any federal or state law regulating the possession, control, or distribution of prescription drugs?                                                                                                                                                                                                                                          | Yes | No |
| Have you even been convicted of, or entered a plea of guilty, nolo contendere*, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.) | Yes | No |
| Do you have any pending criminal charges?                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |

***\*Nolo-contendere – A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.***

| FACILITY MANAGER SIGNATURE                                                                                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| By signing this application, I solemnly affirm under the penalty of perjury that the contents of this section of the application are true to the best of my knowledge, information, and belief. I understand that the Iowa 3PL license issued pursuant to this application may be revoked if any assertion made in this application is found to be false. |  |
| Facility Manager Signature                                                                                                                                                                                                                                                                                                                                |  |
| Date                                                                                                                                                                                                                                                                                                                                                      |  |
| Printed Name and Title                                                                                                                                                                                                                                                                                                                                    |  |

*Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§252J.8(1), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations or debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.*