

STATE OF NEVADA
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
ENVIRONMENTAL HEALTH SECTION

www.dpbh.nv.gov

**SUPPLEMENTAL APPLICATION FOR
DRUG MANUFACTURING PERMIT**



Business Information

Name of Business	
Address of Business	
Contact Name	
Telephone	
Responsible Agent if other than owner	
Address	
Telephone	
Previous Name of Establishment	
FDA Registration Number (If applicable)	

Facility Information

<input type="checkbox"/> New Construction Date:	<input type="checkbox"/> Remodel Date:	<input type="checkbox"/> Ownership Change Date:
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Hours of Operation

Open: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (if seasonal)	Date Open:	Date Close:					
Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

List below the officers, directors and managers: (Attach additional sheets if necessary)

Name (s)	Title	
Address	Telephone	

List below the key personnel and their qualifications for manufacturing and quality control. (Attach additional sheets if necessary)

Name (s)	Title	
Address	Telephone	
Qualifications		

An applicant for a license to manufacture a drug must submit to the Commissioner for examination and approval, the following documents:

Included with application are:	Yes	No
The formula for the drug and all its components		
The procedures to be used in processing the drug.		
The applicant must provide the Commissioner with complete information regarding ownership and articles of incorporation or Partnership Agreement		
The facility plans: Before a licensee constructs or extensively remodels a plan for manufacturing drugs or converts an existing structure for use, they must submit plans which include: <ul style="list-style-type: none"> • The layout and arrangement of the plant; • The materials to be used in construction; and • The location, size and type of fixed equipment and facilities. 		
Every licensee shall provide effective security procedures to prevent theft, diversion or adulteration. These procedures must be submitted to the Commissioner for registration and approval.		

You are responsible for contacting the Commissioner whenever there is a change of operator/ownership or remodeling your facility. An applicant who is not a corporation must provide the Commissioner with the name and address of each of his or her managerial employees. An applicant shall notify the Commissioner of any changes in this information. (NAC 585.230 and 585.805)

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

Signature of Applicant	Print Name	Date