



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Lawrence H. Mokhiber, Executive Secretary
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Pharmacy / Wholesale Distributor / Manufacturer License Verification

This Affidavit must be completed by the State licensing authority in which the holder of the license/permit resides. **Please return this completed affidavit to the applicant** so that it may accompany the request for registration with the New York State Board of Pharmacy.

This is to verify that:

Name of Applicant _____

Address _____

License/Permit Number _____

Effective Date _____

Expiration Date _____

Authorized to do business as:

Please check one:

- Pharmacy
- Wholesaler Distributor
- Manufacturer

In the State of _____

This is to further verify that the above-named license/permit is current and in good standing.

Complete Name of Licensing Agency

Signature

Contact Person

Phone Number

Date

Imprinted Official State
Seal