SOUTH DAKOTA
BOARD OF PHARMACY

Wholesale & Other Drug Distributors and 503b Outsourcing Facilities

User Guide and
<u>Renewal</u> Application Instructions
Includes Change of Ownership – CHOW
Valid through 10/31/2023

Wholesale & Other Drug Distributors and
503b Outsourcing Facilities <u>Renewal</u> Application
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General Information
1. License renewal period is November 1-December 31 each year.
2. All licenses will expire December 31 each year. There is no grace period.
3. For current South Dakota Statutes and Rules, go to https://doh.sd.gov/news-statutes/statutes-rules/licensing-boards-statutes-rules/ , scroll down to SD Board of Pharmacy, then select the statute or administrative rule section needed.
4. License fee is $250 for all licenses except 503b is $200.
5. Payment methods – **Mastercard, Visa or American Express ONLY**.
6. User ID and password must be unique for <u>each</u> licensed facility once license is approved/issued.

Change Notification Form information:
1. If there is a change in designated representative, entity name, or entity location, please submit a completed notification form along with any supporting documentation.
2. Form and instructions can be found at this link: https://doh.sd.gov/licensing-and-records/boards/pharmacy/licensing-requirements/pharmacy-wholesalers/

You must complete the entire application process from start to finish in one sitting
1. Online system does not retain any information entered until the application has been submitted and payment process is complete. If you do need to close the application and resume later, please be aware that your progress will not be saved.
2. Have all your information and copies of documents for upload ready before beginning the online application process.

Required Documents to be Uploaded
1. PDF documents are preferred.
2. Current **home state license**, its equivalent, or a written explanation why one is not available.
3. Most recent **home state, FDA, or NABP Drug Distributor Accreditation (formerly VAWD) inspection** conducted within the last 4 years for this facility if home state is not South Dakota.
   a. Explain if not available.
   b. Include **deficiency correction documentation**.
   c. If 503B Outsourcing Facility, FDA inspection report and deficiency correction documentation is <u>required</u>.
4. Copy of **Federal DEA certificate** if distributing controlled substances.
   a. If DEA Controlled substances are being distributed, a South Dakota Controlled Substance Registration (SD CSR) is required.
      i. ****IMPORTANT**: the SD CSR is changing it's number system**. **Be sure you know your format!**
      ii. If your SD CSR <u>has recently been renewed</u>, the new 5-digit number will be used in the renewal application. There will be a box to check in the application if this is the format for this facility.
      iii. If your SD <u>CSR has **not** recently been renewed</u>, the SD CSR number will be in the format of AB1234567.
5. If **Virtual Manufacturer**, provide:
   a. 3PL name(s), address(es), and copy of agreement(s) first page and signature page only.
   b. 3PL's NABP Drug Distributor Accreditation (formerly VAWD) accreditation information.
   c. Contract Manufacturer name(s), address(es), and copy of agreement(s) first page and signature page only.
   d. Product/NDC List.
6. If **Virtual Distributor**, provide:
   a. 3PL name(s), address(es), and copy of agreement(s) first page and signature page only.
   b. 3PL's NABP Drug Distributor Accreditation (formerly VAWD) accreditation information.
7. If **Private Label Distributor**, provide:
   a. Product/NDC List.
8. A **list of other state(s)** entity is licensed in.
9. **Owner or Corporate Officer Certification Form.**
   a. Form can be found at https://doh.sd.gov/licensing-and-records/boards/pharmacy/licensing-requirements/pharmacy-wholesalers/ .

b. If a power of attorney is being used, the power of attorney document(s) must be provided **with** the Owner or Corporate Officer Certificate Form.
10. If ownership is a partnership, corporation, or LLC, provide a document listing the **partners/officers/members names and addresses**. If **Other** is selected as ownership, an explanation along with **document containing owner information** is needed.
11. **Discipline** actions. An explanation of felony, misdemeanor, or disciplinary action(s), if applicable, is required if this occurred since your last renewal.
    a. Explanation information needed on separate sheet of paper is a signed and dated explanation with copies of court records of the charges, convictions, charges found guilty of, or entered a plea of guilty or no contest to.

Change of Ownership (CHOW) Information Needed
1. Application for a change of ownership should be submitted if ≥ 50% change of ownership at the parent level or below. If other percentage of change of ownership, provide letter to Board.
2. A **diagram/listing** of *previous* ownership structure and *new* ownership structure is required.

After Application Submission Information. After your application has been submitted, the Board will:
1. Review the application and email licensing contact if additional information is needed.
2. Approve or deny the application.
3. Once renewal is approved, an automated no-reply email will be sent.

After the profile account is set up, you will be able to do the following:
1. To check application status.
2. Print facility license: Instructions on page 6, item b.iv.
3. Print a payment receipt: Instructions on page 7, item g.iii.

Licensure status can also be verified at:
1. Verification page: https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx
2. Note: This is not your license. See item b on page 6 to print your license.

Change Notification Form information:
1. If there is a change in designated representative, entity name, or entity location, please submit a completed notification form along with any supporting documentation.
2. Form and instructions can be found at this link: https://sdbop.igovsolution.net/online/Lookups/LookUp_Business.aspx
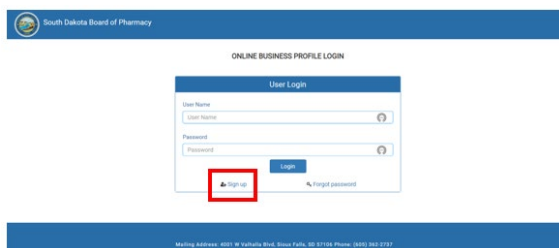
General Notes

1. Click on Next button to go to the next screen or click on Previous button to go back to the previous screen.
2. Mandatory fields are marked with a red asterisk * in all screens.
    a. All mandatory fields must to be entered before clicking on Next.
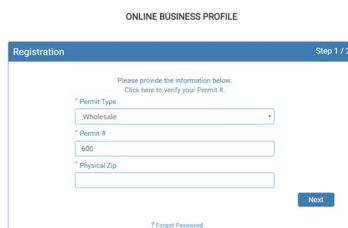   b. If mandatory fields are not entered, you will get an alert message, like below, to enter those fields:
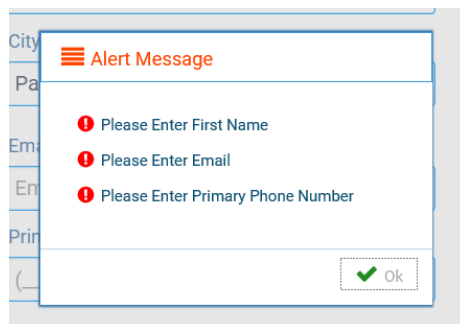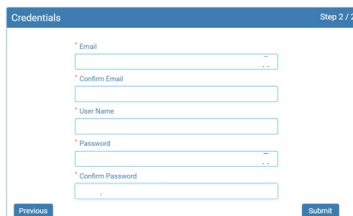
Profile/Account Set Up and My Profile Page Information

1. Click on this link (**Bookmark this page**): https://sdbop.igovsolution.net/online/User_login.aspx
   a. **If this is the first time this license has been renewed**, click on sign up and follow the next steps.
   b. **If this is not the first time this license has been renewed**, skip to page 8, and enter your user name and password used in a previous renewal.
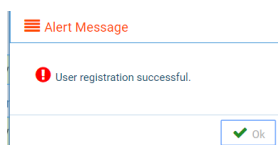

2. **Registration** page.
   a. This information must match what is on your current license.
   b. Permit Type: Select Wholesale from the drop-down menu.
   c. Permit #: Enter the last four digits of the license number.
   d. Physical Zip: Enter the zip code of the facility.
   e. Click Next.

3. **Credentials** page.
   a. *Retain this information for future reference and use – this information will be used to annually renew your license.*
   b. Email: Enter a valid email.
   c. Confirm Email: Enter the same email as entered in item #3b.
   d. User Name: Enter your user name.
   e. Password: Enter a password. There is not a specified format for the password.
   f. Confirm Password: Enter same password as used in item #3e.
   g. Click Submit.

   h. User registration of online account is successful when this alert message appears.
   i. Click OK.
   j. You will be returned to the log in page.

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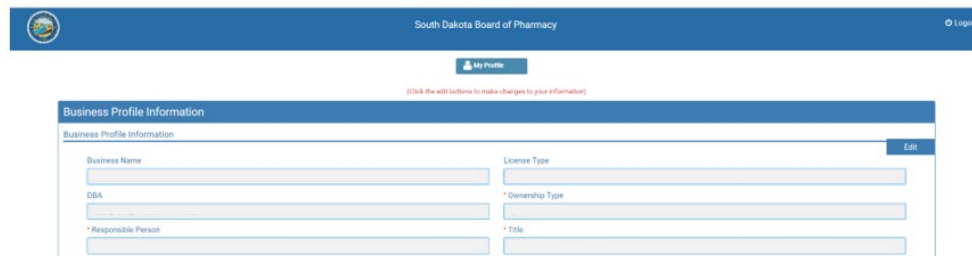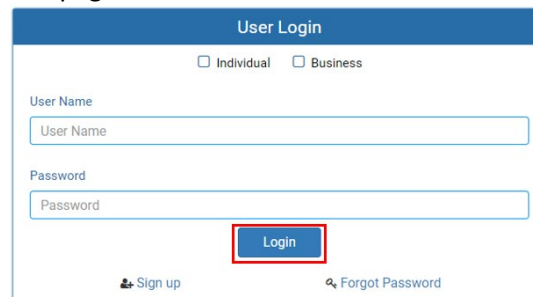
k. Once user registration is successful, an automated e-mail will be sent to the e-mail that you provided during your registration, like below:
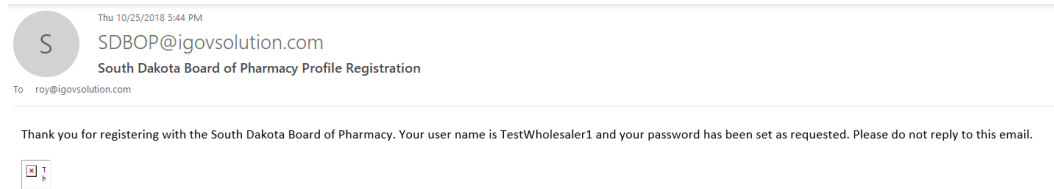
4. **User Login** page.
    a. Business: Click box in front of Business at the top.
    b. User Name: Enter your User Name used to set up the account.
    c. Password: Enter your password used to set up the account.
    d. Click Login.
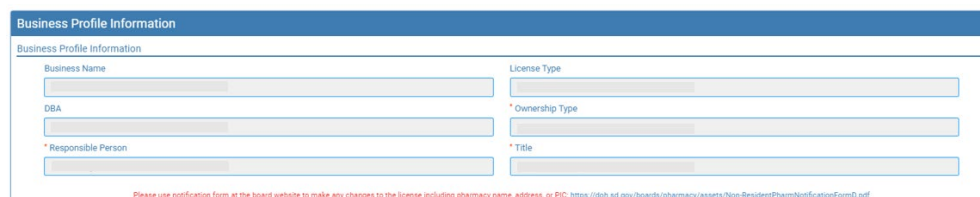   e. You will be directed to the My Profile page.

My Profile Page Information

Once logged into your online account, The My Profile page is available.

5. **MY PROFILE** page**.**
    a. **Business Profile Information** section.
        i.   This is not an editable section.
        ii. Fields in this section include the Business Name, License Type, DBA, Ownership Type, Responsible Person, and Title.

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b. **Registration Information** section.
    i.   This is not an editable section.
    ii. Fields in this section include license information details including Type, License#, Issue Date, Exp. Date, Status, Last Renewal Date, Renewal, and Certificate.
    iii. Renewal column.
        1. When renewal period is open, click on the blue renew to begin renewal of license.
    iv. Certificate column. **Print license from this column**.
        1. Click on the blue print in the column to print a pdf of your license.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
Wholesale						Renew	Print

c. **Primary Address** section.
    i.   This is not an editable section.
    ii. Fields in this section include the physical location of the business including Address, City, State, County, and Zip.

Primary Address

Address Line 1   Address Line 2   Address Line 3

City   State   County

Zip

d. **Mailing Address Information** section.
    i.   This is an editable section.
    ii.   This is the mailing address information if this is different from the primary address location.
    iii. Fields in this section include Address, City, State, County, and Zip.
    iv.   To update this section, click the edit button.
        1. Update the necessary information.
        2. Once complete, click Submit.

Mailing Address Information (if different from Primary Address)   Edit

☐ Check if mailing address is the same as above.

Address Line 1   Address Line 2   Address Line 3

City   State   County

Zip

e. **Contact Information** section.
    i.   This is an editable section.
    ii.   This section contains the Phone, Alternate Phone, E-mail, and Fax of the business.
    iii. To update this section, click the edit button.
        1. Update the necessary information.
        2. Once complete, click Save.

Contact Information   Edit

Phone   Alternate Phone   Email

Fax

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f. **Document Details** section.
   i.   This section contains all the documents uploaded as part of the initial or renewal application.
   ii. This section can be used if the licensee would like to upload any additional documents <u>outside of the renewal time period.</u>
        1.   **Note**: DO NOT upload documents here that will be uploaded during the renewal process.
   iii. To upload a document:
        1.   Document Type: Select type of document from the drop-down list.
        2.   Use the Attach button to select/browse the file from the local folder.
        3.   Then click on the Upload document.
   iv. Any documents that are uploaded/showing in this Documents Details section can also be downloaded.

g. **Payment History** section. **A receipt can be printed here.**
   i.   This is not an editable section.
   ii. This section contains payments made for licensure. Fields include Receipt #, Payment Method, Date Received, Payer, Amount, and Receipt.
   iii. Receipt column: To print a receipt, click on the printer in the receipt column for the receipt needed to download a pdf of the receipt.

h. **Renewal Details** section.
   i.   This is not an editable section.
   ii. Fields include Order ID, License Number, Renewal Date, Status, E-Signature, and Print.
   iii. Status column.
        1.   If status is Pending, license is not yet renewed. If status is Cleared, license is renewed.
        2.   If status is Cleared, then in the Registration Information section the updated license expiration date and last renewal date will show.
   iv. Print column.
        1.   Click on the printer to print your renewal application that has been submitted online.
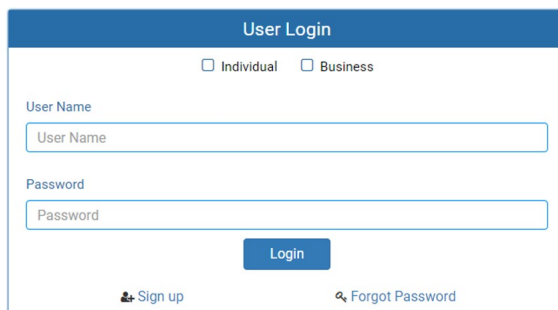
Renewal Application Starts Here

1. **ONLINE PROFILE LOGIN** page.
   a. Once your online account is set up, you will return to the log in page or use this link: https://sdbop.igovsolution.net/online/User_login.aspx.
   b. Business: Click box in front of Business at the top.
   c. User Name: Enter your user name.
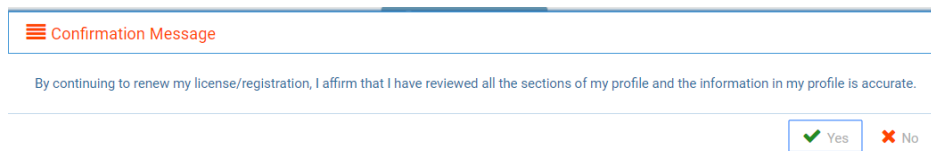   d. Password: Enter your password.
   e. Click Login.

2. **MY PROFILE** page.
   a. After validating all the information in My Profile, click on the Renew icon in the Registration Information section, Renewal column. You will get a pop-up box.
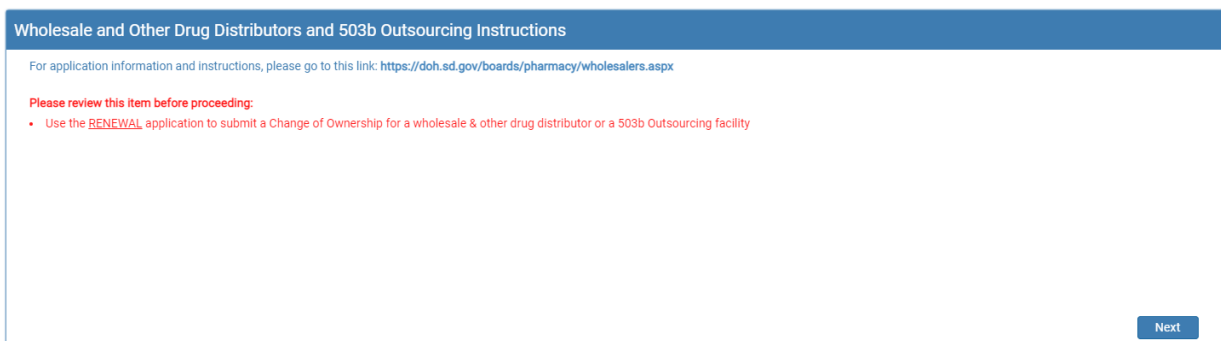
   b. Click Yes to continue or No to review information on the My Profile page.

3. **Wholesale and Other Drug Distributors and 503b Outsourcing Instructions** page.
   a. You will be directed to the wholesale renewal page with a link to the application information and instructions.
   b. Click Next to begin renewal application.

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4. **Renew or Change of Ownership Application** page.
   a. "What type of application is this?" (Check all that apply): Click on box in front of Renew or Change of Ownership.
      i. If Renew is selected: Click Next.
      ii. If Change of Ownership is selected:
         1. Previous License Number: Enter the previous license number used.
         2. Previous and New Ownership Structure: Click on Attach Document to upload document showing *previous* ownership structure and *new* ownership structure.
         3. Click Next.

5. **Demographics** page.
   a. **Legal/Business Information** section.
      i. Listed will be the Legal Business Name, Dba (if used), License #, Address1, Address2, Address3, City, State, County, Zip Code.
         1. This information is non-editable
      ii. Name of Responsible Person at Firm: Enter the name of responsible person at firm.
      iii. Email of Responsible Person at Firm: Enter email of responsible person at firm.
      iv. Phone Number of Responsible Person at Firm: Enter phone number of responsible person at firm.

   b. **License Preparer Information** section.
      i. Same as Wholesale & Other Drug Distributors Information Provided: If License Preparer is the same as Wholesale & Other Drug Distributors Information section, click the box.
      ii. If License Preparer is different than the Wholesale & Other Drug Distributors Information provided, provide the following information:
         1. Contact Name: Enter name of license preparer.
         2. Contact Title: Enter title of license preparer.
         3. Company Name: Enter company name of license preparer.
         4. Address1: Enter address of license preparer.
         5. Address2/Address3: Enter additional address information of license preparer, if needed.
         6. Zip: Enter zip code of license preparer.
         7. City: Enter city of license preparer.
         8. State: From drop-down menu, select state of license preparer.
         9. County: From drop-down menu, select county of license preparer.
            a. If county is outside of state of South Dakota, select Outside SD.
         10. Email: Enter email of license preparer.
         11. Phone: Enter phone number of license preparer.
         12. Fax: Enter fax number of license preparer.
      iii. Click Next to continue.

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6. **Type of Distribution** page.
   a. Select all that apply.
   b. If selecting **Manufacturing Distributor** and/or **503B Outsourcing Facility:**
      i. FDA#: Enter the FDA number in the text box.

   c. If selecting **Virtual Manufacturing**, the following information is needed:
      i. Product/NDC List – upload ALL product/NDC lists for ALL manufacturers: Click on Attach Document to upload a document that contains all products/NDC lists for ALL manufacturers.

      ii. **3PL Details** section. Enter the following information:
         1. Name of Business: Enter name of 3PL.
         2. Address 1: Enter address of 3PL.
         3. Address2/Address3: Enter additional address information for 3PL, if needed.
         4. City: Enter city of 3PL.
         5. State: From drop-down menu, select state of 3PL.
         6. Country: From drop-down menu, select country of 3PL.
         7. Zip: Enter zip code of 3PL.
         8. Copy of 3PL agreement, first page along with signature page: Click on Attach Document to upload a copy of the 3PL agreement (first page and signature page).
         9. 3PL NABP Drug Distributor Accreditation (formerly VAWD) upload: Click on Attach Document to upload a copy of the NABP Drug Distributor Accreditation.
         10. If there is more than one 3PL being used, click on Click here to add more 3PL details. You will get a pop-up box. Provide the following information:
            a. Name of Business: Enter name of 3PL.
            b. Address1: Enter address of 3PL.
            c. Address 2/Address 3: Enter additional address information for 3PL, if needed.
            d. Zip: Enter zip code of 3PL.
            e. City: Enter city of 3PL.
            f. State: Enter state of 3PL.
            g. Country: Enter country of 3PL.

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h. Copy of 3PL agreement, first page, along with signature page: Click on Attach Document to upload a copy of the 3PL agreement (first page and signature page).
i. 3PL NABP Drug Distributor Accreditation (formerly VAWD) upload: Click on Attach Document to upload a copy of the NABP Drug Distributor Accreditation.
j. Click Save.

iii. **Contract Manufacturer** section. Enter the following information:
1. Name of Business: Enter name of Contract Manufacturer.
2. Address 1: Enter address of Contract Manufacturer.
3. Address2/Address3: Enter additional address information for Contract Manufacturer, if needed.
4. City: Enter city of Contract Manufacturer.
5. State: From drop-down menu, select state of Contract Manufacturer.
6. Country: From drop-down menu, select country of Contract Manufacturer.
7. Zip: Enter zip code of Contract Manufacturer.
8. Copy of Contract Manufacturer Agreement (CMA), first page along with signature page: Click on Attach Document to upload a copy of the Contract Manufacturer Agreement (first page and signature page).
9. If there is more than one Contract Manufacturer being used, Click on Click Here to Add More for Contract Manufacturer. You will get a pop-up box to enter the following information:
   a. Name: Enter name of Contract Manufacturer.
   b. Address 1: Enter address of Contract Manufacturer.
   c. Address2/Address3: Enter additional address information for Contract Manufacturer, if needed.
   d. Zip: Enter zip code of Contract Manufacturer.
   e. City: Enter city of Contract Manufacturer.
   f. State: From drop-down menu, select state of Contract Manufacturer.
   g. Country: From drop-down menu, select country of Contract Manufacturer.
   h. Copy of agreement, first page and signature page: Click on Attach Document to upload a copy of the Contract Manufacturer Agreement (CMA, first page and signature page).
   i. Click Save.

c. If selecting **Virtual Distributor**, the following information is needed:
   i. **3PL Details** section.
      1. Name of Business: Enter name of 3PL.
      2. Address1: Enter address of 3PL.
      3. Address2/Address3: Enter additional address information for 3PL, if needed.
      4. City: Enter city of 3PL.
      5. State: From drop-down menu, select state of 3PL.
      6. Country: From drop-down menu, select country of 3PL.
      7. Zip: Enter zip code of 3PL.
      8. Copy of 3PL agreement, first page along with signature page: Click on Attach Document to upload a copy of the 3PL agreement (first page and signature page).
      9. NABP Drug Distributor Accreditation (formerly VAWD) Upload: Click on Attach Document to upload a copy of the NABP Dug Distributor Accreditation.
      10. If there is more than one 3PL being used, click on Click here to add more 3PL details. You will get a pop-up box. Provide the following information:
         a. Name of Business: Enter name of 3PL.
         b. Address1: Enter address of 3PL.
         c. Address 2/Address 3: Enter additional address information for 3PL, if needed.
         d. Zip: Enter zip code of 3PL.
         e. City: Enter city of 3PL.
         f. State: Enter state of 3PL.
         g. Country: Enter country of 3PL.
         h. Copy of 3PL agreement, first page, along with signature page: Click on Attach Document to upload a copy of the 3PL agreement (first page and signature page).
         i. 3PL NABP Drug Distributor Accreditation (formerly VAWD) upload: Click on Attach Document to upload a copy of the NABP Drug Distributor Accreditation.
         j. Click Save.

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d. If selecting **Private Label Distributor**, the following is needed:
    i. Product List -upload ALL product lists for ALL manufacturers: Click on Attach Document to upload your Product/NDC list.

e. If selecting **In State Only Third-Party Logistics Provider**:
    i. Only a third-party logistics providers located **in** South Dakota may be licensed as a Third-Party Logistics Provider.
    ii. ****Note**: If the license is Out of State (outside the state of South Dakota), then you will not see the In State Only – Third Party Logistics provider option under Type of Distribution tab.

f. If selecting **Other**,
    i. Other: Enter an explanation in the text box as to the type of distribution done.

g. Click Next when all information and upload(s) are completed.

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7. **Type of Prescription Drugs/Products** page.
   a. Click box in front of each type that applies.
   b. If **DEA Controlled Substance** is selected:
      i. Please check this box if a new 5-digit SD CSR number has been issued for this facility: Mark this box if your South Dakota Controlled Substance Registration (SD CSR) has recently renewed with a 5-digit number.
      ii. SD Controlled Substance #: **If box was checked due to facility recently renewing your SD CSR**, enter the 5-digit number. **If box was <u>not</u> checked**, enter your SD CSR in the format AB1234567.
      iii. DEA #: Enter the facility DEA number in text box.
      iv. Copy of the licensee's DEA: Click on Attach Document to upload a copy of your current Federal DEA Certificate.

   c. If **Other** is selected,
      i. Enter Explanation: Enter information in the text box about type of product(s) facility provides in the text box.

   d. Click Next when all information and upload(s) are completed.

8. **Types of Customers you sell/distribute** page.
   a. Click box in front of each type that applies.
   b. If **Other** is selected:
      i. Enter Explanation: Enter an explanation in the text box explaining who facility sells/distributes to.

   c. Click Next to continue when all information is completed.

9. **Ownership** page.
    a. **Select one option**: Select box in front of either Sole Proprietorship, Partnership, Corporation, LLC, or Other.
    b. If selecting **Sole proprietorship**:
        i. Name of Person/Owner: Enter the name of the person/owner.
        ii. Address1: Enter address of the person/owner.
        iii. Adddress2/Address3: Enter additional address information of the person/owner, if needed.
        iv. City: Enter city of the person/owner.
        v. State: From drop-down menu select state of the person/owner.
        vi. Zip: Enter zip code of the person/owner.
        vii. Click Next to continue.

    c. If selecting **Partnership**:
        i. Name and Address of Partnership: Click on Click Here to Add More button. You will get a pop-up box to enter the following partnership business information:
            1. Name of partnership: Enter name of partnership.
            2. Address1: Enter address of partnership.
            3. Address2/Address3: Enter additional address information for partnership, if needed.
            4. Zip: Enter zip code of partnership.
            5. City: Enter city of partnership.
            6. State: From drop-down menu select state of partnership.
            7. When completed, click Save.
        ii. Attach Name and Address of Partners: Click on Attach Document to upload document containing name(s) and address(es) of the partners.
        iii. Click Next to continue.

d. If selecting **Corporation**:
   i. Name and Address of Corporation: Click on Click Here to Add Corporation button. You will get a pop-up box to enter the following corporation business information:
      1. Name of Corporation: Enter name of corporation.
      2. Address1: Enter address of corporation.
      3. Address2/Address3: Enter additional mailing information for corporation, if needed.
      4. Zip: Enter zip code of corporation.
      5. City: Enter city of corporation.
      6. State: From drop-down menu select state of corporation.
      7. When completed, click Save.
   ii. Attach Name and Address of Corporate Officers: Click on Attach Document to upload document containing name(s) and address(es) of the officers.
   iii. Click Next to continue.

e. If selecting **LLC**:
   i. Name and Address of LLC: Click on Click Here to Add LLC button. You will get a pop-up box to enter the following LLC business information:
      1. Name of LLC: Enter name of LLC.
      2. Address1: Enter address of LLC.
      3. Address2/Address3: Enter additional mailing information for LLC, if needed.
      4. Zip: Enter zip code of LLC.
      5. City: Enter city of LLC.
      6. State: From the drop-down menu, select the state of LLC.
      7. When completed, click Save.
   ii. Attach Name and Address of LLC Members: Click on Attach Document to upload document containing name(s) and address(es) of the members.
   iii. Click Next to continue.

f. If selecting **Other**,
   i. Enter Explanation: Enter the explanation on type of company in text box.
   ii. Partner/Member/Officer Information: Click on Attach Document to upload a document that includes name(s) and address(es) of owner(s).

10. **Registered Agent in SD** page.
    a. **Note**: this page will only appear if the licensee is <u>outside</u> the state of South Dakota.
    b. If user needs a list of South Dakota registered agents, click on the link.
    c. Name: Enter name of South Dakota registered agent.
    d. Address1: Enter address of South Dakota registered agent.
    e. Address2/Address3: Enter additional address information of South Dakota registered agent, if needed.
    f. City: Enter city of South Dakota registered agent.
    g. State: From drop-down menu select South Dakota.
    h. Zip: Enter zip code of South Dakota registered agent.
    i. Click Next to continue.

11. **Home State License** page.
    a. **Note**: this page will only appear if the licensee is <u>outside</u> the state of South Dakota.
    b. **Home State License** section.
        i. Home State: From drop-down menu select home state licensed in.
        ii. Home State License #: Enter the home state license number.
        iii. License Expiration Date: Enter the home state license expiration in MM/DD/YYYY format.
        iv. Home State License: Click on Attach Document to upload a copy of your current/active home state license.

    c. **Home State or Other Inspection** section.
        i. Type of Inspection: From the drop-down menu select type of inspection.
        ii. Date of most recent inspection: Enter the date of the most recent inspection in MM/DD/YYYY format.
        iii. Were there any deficiencies in the inspection identified above: Click yes or no box.
        iv. Inspection document (if there is no inspection please upload a document stating reason why there is none): Click on Attach Document to upload a copy of the most recent inspection or a document stating reason for no inspection.
        v. Inspection corrections: If answered yes to "Were there any deficiencies in the inspection identified above": Click on Attach Document to upload inspection corrections from most recent inspection.
        vi. Enter a list of all other states where licensed in:
            1. List each and every state licensed in by listing in text box using a comma between each state listed. Please use state abbreviations.
            2. **OR** click on box in front of See Attached. Click on Attach Document to upload a document listing states currently licensed in.
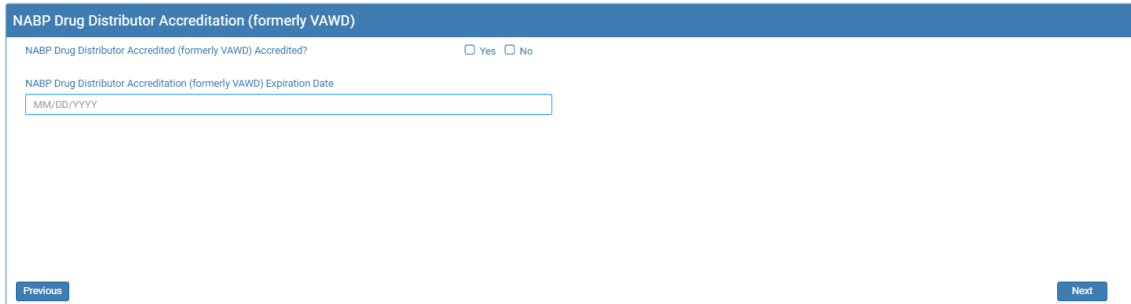
    d. Click Next to continue once all information is completed and document(s) are uploaded.

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12. **NABP Drug Distributor Accreditation (formerly VAWD)** page.
    a. "NABP Drug Distributor Accredited (formerly VAWD) accredited?": Click yes or no box.
    b. If answered no, click Next to continue.
    c. If answered yes:
        i. NABP Drug Distributor Accreditation (formerly VAWD) Expiration date: Enter the expiration date of the accreditation in MM/DD/YYYY format.
        ii. Click Next to continue.

13. **Attachments** page.
    a. Owner or Corporate Officer Certification Form: Click on Attach Document to upload the completed Owner or Corporate Officer Certification Form.
        i. The Owner or Corporate Officer Certification Form must be signed with original ink or an e-signature will be accepted that is similar to E-Signature by Adobe Sign.
        ii. If a power of attorney is being used, the power of attorney document(s) must be provided **with** the Owner or Corporate Officer Certificate Form.
    b. Click Next to continue.

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14. **Disciplinary Actions** page.
    a. "Have any misdemeanor or felony convictions or disciplinary actions (including pending) been taken against the applicant and/or licensed entity since the last renewal?": Click yes or no box.
        i. If answered no: click Next to continue.
        ii. If answered yes:
            1. Explanation: In text box, provide an explanation of convictions/disciplinary action(s).
            2. Click on Attach Document button to upload legal documentation of the felony, misdemeanor, or disciplinary actions.
            3. Click Next to continue when complete.

15. **Application Input Preview** page.
    a. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous button and correct in the appropriate screens.
    b. Use the vertical scroll bar to review the completed application.
    c. Once review is complete, click Next to continue.

16. **Affirm and Submit** page.
    a. Read and understand the statement at the top, then check the affirmation checkbox.
    b. E-Signature of the person filling out the renewal: Enter full name of person filling out the renewal.
    c. Date and Fee amount will be auto populated.
    d. Select Debit or Credit: From drop-down menu select debit or credit for type of credit card being used.
    e. Card Type: From drop-down menu select type of credit card you are using.
        i. **Mastercard, VISA, or American Express only accepted**.
    f. Person's Name on Card: Enter name of person that appears on the credit card.
    g. Card #: Enter Mastercard, Visa, or American Express credit card number.
    h. Expiration date: Enter credit card expiration date in MM/YY format.
    i. Security Code: Enter 3-digit number for MasterCard/Visa or 4-digit number for American Express/AMEX that is on the back of the credit card.
    j. I am not a Robot: Click box in front of this statement.
    k. Once confident that the application is complete, click on Submit.
    l. *Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.*
    m. You will get a confirmation number if successful.
    n. You **must** click on the affirmation checkbox to the attestation information, enter your credit card information and click on Submit button to complete the application.

    o. If any invalid information was entered, an alert message will appear indicating that your credit card was invalid.
        i. Click on Ok and re-enter the correct information and click on Submit to complete the application.

    p. Once successfully submitted, you will get a system generated auto reference number, if needed, you can note the system generated auto reference number for your future reference. Click OK when complete.

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17. **Print Application** page.
    a. When application has been submitted, the application can be printed by clicking on the printer button.
    b. By clicking on My Profile in the upper right corner, you will return you to your My Profile page as described in beginning on page 5.

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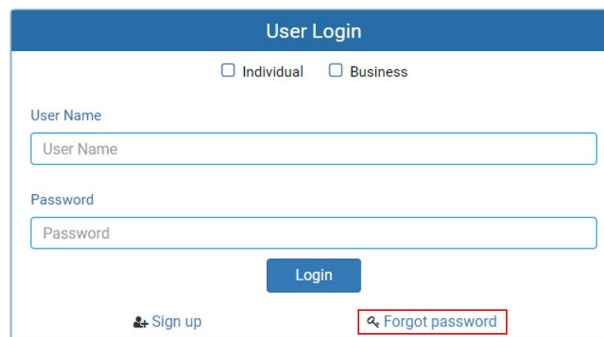## I'm having trouble getting through the licensing process.

1. Try a different browser. Example: If you've tried Internet Explorer, switch to Google Chrome.
2. This platform does not support the use of a mobile phone.
3. If a tablet is being used, it must be Microsoft based. (Not an Apple product.)
4. Be sure your pop-up blocker is turned off.
5. Firewalls or anti-malware protections on your system may be preventing the ability to get through the licensing process.
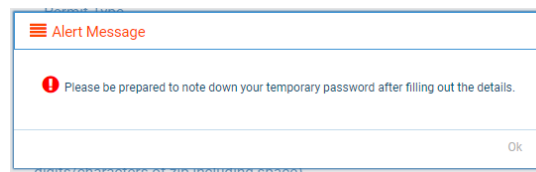
Tips

1. PDF documents are the preferred type of documents for required uploads.
2. Only upload documents during the licensing process. DO NOT UPLOAD documents on the My Profile page for a new or renewal application.
3. ***Submit application one time. Do not click the submit button more than one time. If submission issue occurs (spinning wheel, transmission interruption, etc.), contact the board. DO NOT complete/submit another application.***
4. At the top of your licensure documentation, if it includes "This is a Primary Source Verification" – **NOTE: THIS IS NOT YOUR LICENSE.**
   a. Refer to item #b on page 6 to see how to print your license.

Reset Password
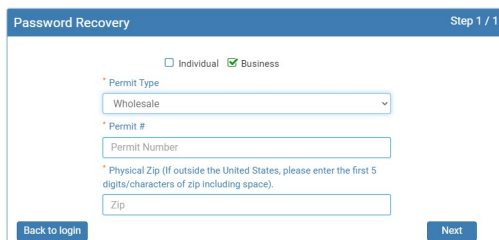
1. At the **User Login** page, click on Forgot Password.

2. You will get a pop-up alert message.
   a. **PLEASE NOTE THIS**: *Please be prepared to write down your temporary password after filling out the details.*
   b. Click OK.

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3. **Password Recovery** Page
   a. Business: Click box in front of Business at the top.
   b. License type: Select Wholesaler from the drop-down menu.
   c. License number: Enter your license number in 600-XXXX format.
   d. Zip: Enter first 5 digits/characters of zip code.
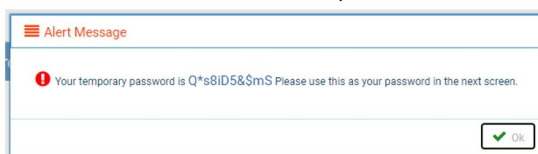   e. Click Next.

Password Recovery	Step 1 / 1
☐ Individual ☑ Business	
* Permit Type	
Wholesale ⌄	
* Permit #	
Permit Number	
* Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space).	
Zip	
Back to login	Next

4. An Alert message will appear. **BE SURE TO RETAIN THIS PASSWORD**.
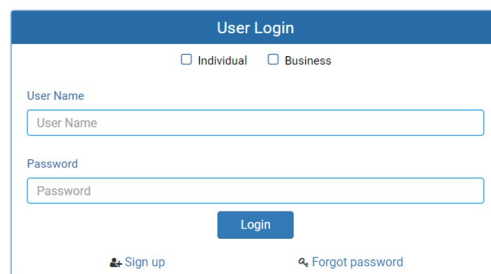   *Helpful hint*: Open a word document, then copy/paste the temporary password into the word document.
   a. Once the temporary password has been written down, Click OK.

☰ Alert Message	
❗ Your temporary password is Q*s8iD5&$mS Please use this as your password in the next screen.	
	✔ Ok

5. Return to the **User Login** page.
   a. Business: Click box in front of Business at the top.
   b. User Name: Enter your User Name.
   c. Password: Input the temporary password from the Alert Message. If you copied password into a word document, copy and paste the temporary password into the password text box.
   d. Click Log In.

User Login	
☐ Individual ☐ Business	
User Name	
User Name	
Password	
Password	
Login	
⌗ Sign up ⚷ Forgot password	

6. **Credentials** Page
   a. Old Password: Enter your temporary password from the Alert Message as the Old Password. If you copied password into a word document, copy and paste the temporary password into the password text box.
   b. New Password: Enter a new password.
   c. Confirm the New Password: Enter your new password.
   d. Click Submit.
   e. You will return to the log in page.
   f. Business: Click box in front of Business at the top.
   g. User Name: Enter your User Name.
   h. Password: Enter new password from item #b.
   i. Click Log In.

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