



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**APPLICATION FOR PERMIT – RESEARCH ORGANIZATION**

HANDLING PRESCRIPTION DRUGS AND/OR ACTIVE PHARMACEUTICAL INGREDIENTS PER NH RSA 318:51c  
Return Application with payment of \$250.00

**Location of Research Organization / Actual Facility Location Where Drug Products are Tested / Researched**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Company (if none write none): \_\_\_\_\_ State of Incorporation (if corp.): \_\_\_\_\_

Name of Owner(s): Indicate Individual, Partners, Etc. (if corporation, show title of officers). Attach sheet if necessary.

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Name	Address	Title
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Name	Address	Title
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Name	Address	Title
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Is the above referenced company licensed by the board of pharmacy in the state of location:  
Yes                      No

**Within the last 5-years, has a resignation or licensure granted to the above referenced company or any of its owners, managing officers, or researchers by any state or federal agency been suspended, revoked, or otherwise disciplined?                      Yes                      No                      *\*(if yes, attach a detailed explanation, along with copy of legal documentation of discipline)***



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**Provide the name, title, email, and business mailing address of the person to whom the permit, future renewal applications, and all board communications should be directed:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Tel. #:** \_\_\_\_\_

**Email Address (must be entered to receive your NH license):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Categories of drug product being handled / researched?		
Human Prescription Drugs	Veterinary Prescription Drugs	Other

**Attachments & Declaration / Signature by Company Representative:**

I affirm that I am the person authorized to sign this application for licensure and affirm that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application, and if the registration herein applied for is granted. I hereby agree to and do submit to the jurisdiction of the NH Board of Pharmacy and to the laws and rules of this State.

**Attachments:**

1. If licensed by your home-state Board of Pharmacy, submit a copy of the company's current license / registration – if your home state does not require licensure of research organizations, please write N/A here: \_\_\_\_\_
2. If licensed and inspected by your home-state Board of Pharmacy, submit a copy of the facility's most recent inspection report – if your home state does not require licensure of research organizations or did not inspect your facility, please write N/A here: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Incomplete Applications Will Not Be Accepted**

**Do Not Leave Any Blank Spaces – If Not Applicable, Write N/A & The Reason It Does Not Apply.**

**Any subsequent changes to the information on this form must be reported to the board in writing within 30 days.**