THE STATE *of* ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

PHA

FOR DIVISION USE ONLY

Board of Pharmacy
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Fingerprint Card Cover Sheet

To assist the Board of Pharmacy in tracking your fingerprint card request for processing by the Alaska Department of Public Safety (DPS), please complete this form and return it to our office. This form must accompany the facility manager's *completed* fingerprint cards.

Remember to check fingerprint card details for accuracy *(other than full name)***:**

- Employer and address field = *State of Alaska will complete*
- Reason fingerprinted = *State of Alaska will complete*
- Aliases/AKA (bottom of this block) = *1344*

This form is **not** for:

- requesting blank fingerprint cards
- any pharmacy category application not listed below

PART I Facility Type

☐ **Resident or Non-resident Wholesale Drug Distributor** (12 AAC 52.610(b)(6))

☐ **Outsourcing Facility** (12 AAC 52.696(b)(6))

☐ **Third-Party Logistics Provider** (12 AAC 52.697(b)(6))

Application:	☐ First time applying for licensure by the board of pharmacy ☐ Changing owner or DBA name *Existing Alaska Facility License #:* ______________________________ ☐ Change in physical address *Existing Alaska Facility License #:* ______________________________
Facility Manager:	☐ New facility manager

CONTINUED ON FOLLOWING PAGE

PART II	Facility Details				*Exactly as it appears on your license application*
Name of Facility Manager:					
Name of Facility Owner:					
Doing Business As (DBA) Name:					
Mailing Address:	PO Box/Street	City	State	Zip Code	
Physical Address:	Street	City	State	Zip Code	
Facility Phone Number:					
Facility Email:					

Signature

☐ ***I have attached the facility manager's completed fingerprint cards along with this cover sheet.***

Full Name:			
Signature:		**Date:**	