



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**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: BoardofPharmacy@Alaska.Gov

Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

## 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)]

<b>Application:</b>	<input type="checkbox"/> First time applying for licensure by the board of pharmacy <hr/> <input type="checkbox"/> Changing owner or DBA name Existing Alaska Facility License #: _____ <hr/> <input type="checkbox"/> Change in physical address Existing Alaska Facility License #: _____
<b>Facility Manager:</b>	<input type="checkbox"/> New Facility Manager

**PART II Facility Details**

Facility Manager Name:	
Facility Owner Name:	
Doing Business As (DBA):	
Mailing Address:	
Physical Address:	
Facility Phone Number:	
Facility Email Address:	

**PART III Signature**

<input type="checkbox"/> <i>I have attached the facility manager's completed fingerprint cards along with this cover sheet.</i>			
Full Name:			
Signature:		Date:	