

State of Florida
Department of Business and Professional Regulation
Division of Drugs, Devices, and Cosmetics

Notification of Designated Representative
Form No.: DBPR-DDC-105

If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, at **850.717.1800**.

This form is to be used to notify the department of a prescription drug wholesaler's or out-of-state prescription drug wholesaler's designated representative or changes to the designated representative in accordance with s. 499.012(15), F.S.

A wholesale distributor may not operate under a prescription drug wholesale distributor permit or an out-of-state prescription drug wholesale distributor permit for more than 10 business days after the designated representative leaves the employ of the wholesale distributor, unless the wholesale distributor employs another designated representative and notifies the department within 10 business days of the identity of the new designated representative. Individuals that are currently certified by the department are not required to pay an additional fee to be designated as a permitted wholesaler's new designated representative. The individual must be certified in order to be listed as the designated representative for an establishment.

I. Establishment Information

Name		Fla. Permit No.
Address		
City	State	Zip Code (+4 Optional)

II. Notification of designated representative departure:

Last Name	First Name	Middle Name
Certification No	Last date of employment	

III. Notification of new or replacement designated representative:

Last Name	First Name	Middle Name
Certification No	Effective date	

Complete the following questions. See Chapter 499.012(16)(b), Florida Statutes, for qualifications of a designated representative.

Is the person that you are designating:

1. Actively involved in and aware of the actual daily operations of the establishment? YES NO*
2. Employed full time in a managerial position by the establishment? YES NO*
3. Physically present at the establishment during their normal business hours, except for time periods when absent due to illness, family illness or death, scheduled vacation, or other authorized absences? YES NO*
4. Serving as a designated representative for any other prescription drug wholesaler located in or out of this state? YES* NO

***The individual does not qualify to act as the designated representative for the establishment.**

IV. Affidavit

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive for the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this application has the same legal effect as if made under oath. To the best of my knowledge, all information contained on this application is true and correct. I understand the falsification of any information on this application may result in administrative action, including a fine, suspension, or revocation of the license.

Signature of Owner or Officer:*

Date:

Print Name:

Title:

*** If signed by someone other than an owner or officer, you must submit a letter from an owner or officer authorizing the signer to bind the applicant.**

Mail completed application to:

Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1047