



Board of Pharmacy

Wholesale Drug Distributor Application Manual

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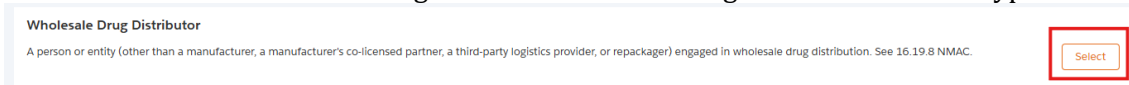
Application for Wholesale Drug Distributor

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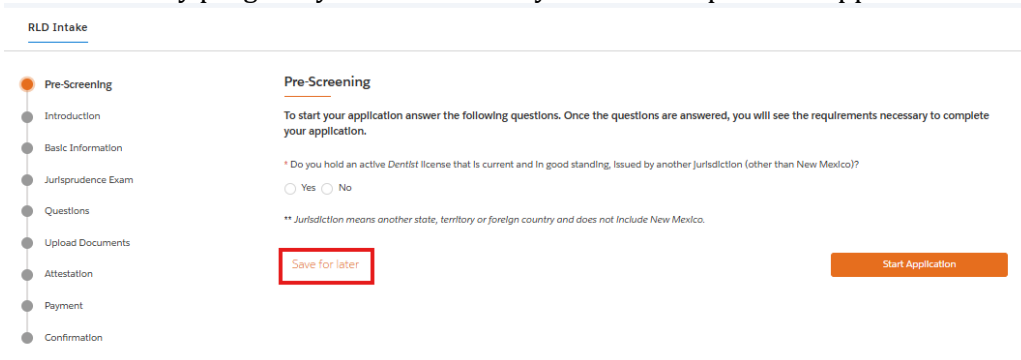
Board of Pharmacy Application Manual

Application for Wholesale Drug Distributor

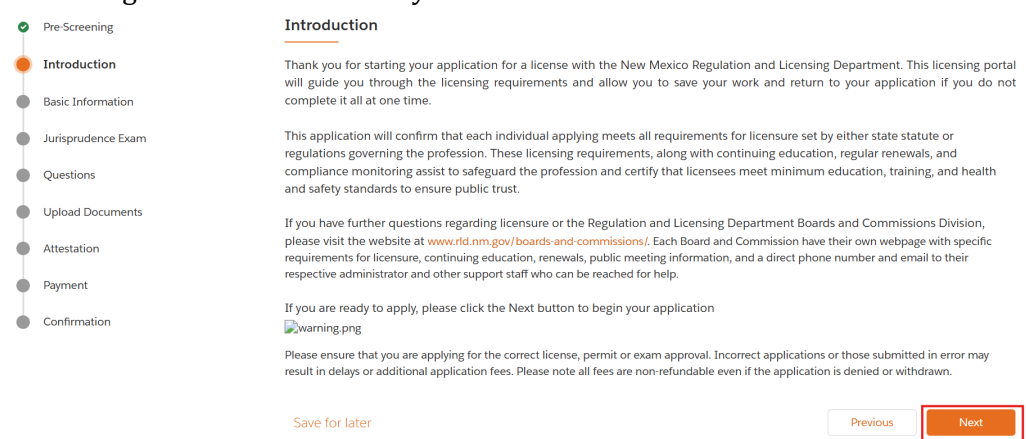
1. Click the “Select” button to the right of the Wholesale Drug Distributor license type.



2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.



3. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.



4. On the Basic Information page, verify that all information is valid and up to date.

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- Pre Screening
- Introduction
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- Questions
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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ **Applicant Information**

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

▼ **Mailing Address**

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

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a. If **Yes**, select the “Next” button at the bottom right of the page.

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Basic Information

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[My Profile](#)

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*First Name Middle Name *Last Name

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*Phone Number *Email Address

▼ **Mailing Address**

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

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b. If **No**, select the “My Profile” button at the top left to update your information.

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Basic Information

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Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the "My Profile" button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

▼ Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (If in New Mexico) *Mailing Zip

*Mailing Country

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- i. Select the "Edit" button at the bottom right of the page.

My Profile

▼ Person Information

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race Ethnicity Preferred Language Are you a New Mexico Resident?

Date of Birth Gender

Primary Phone No Business Phone No

Identifier Type Identifier Number

▼ Mailing Address

Mailing Street

City State/Province

Country Zip Code County (If in New Mexico)

[Edit](#)

- ii. Enter in all relevant updated data and select "Save" at the bottom right when completed.

My Profile

▼ **Person Information**

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

*Race *Ethnicity *Preferred Language *Are you a New Mexico Resident?

*Date of Birth *Gender

*Primary Phone No Business Phone No

*Identifier Type *Identifier Number

▼ **Mailing Address**

*Mailing Street

*City State/Province

Country *Zip Code County (If in New Mexico)

iii. You will need to restart your application to ensure the updated data is listed. Return to “Step1: Select Wholesale Drug Distributor Application” to continue.

5. On the Facility Information Page, fill out all information about your Facility.

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Facility Information

Please enter the business name exactly as you will need it on the license.

*Business Name

Website URL

*Please specify the ownership type

*Specify details for each owner or officer below. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	Email	Title	Address	Action
Add New				

▼ **Facility Physical Address**

*Street

*City *State

*Zip *Country

▼ **Facility Mailing Address**

Please note that the license will be sent to this address.

*Street

*City *State

*Zip *Country

a. To add owner details, select the orange “Add New” button

* Specify details for each owner or officer below. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	Email	Title	Address	Action
Add New				

- b. Add relevant data and select the “Save” button to complete.

Owner Information	
* Owner/Officer Full Name or Business Name	
* Email	
* Street	* City
* State	* Zip Code
* Country	Title
Cancel Save	

- c. To complete the Facility Information page, select the orange “Next” button to continue.

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Facility Information

Please enter the business name exactly as you will need it on the license.

* Business Name

Website URL

* Please specify the ownership type

* Specify details for each owner or officer below. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Name	Email	Title	Address	Action
Add New				

▼ **Facility Physical Address**

* Street

* City

* State

* Zip

* Country

▼ **Facility Mailing Address**

Please note that the license will be sent to this address.

* Street

* City

* State

* Zip

* Country

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6. On the Employee Information page, enter all required data with the most recent information.

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Employee Information

* Contact Person Name

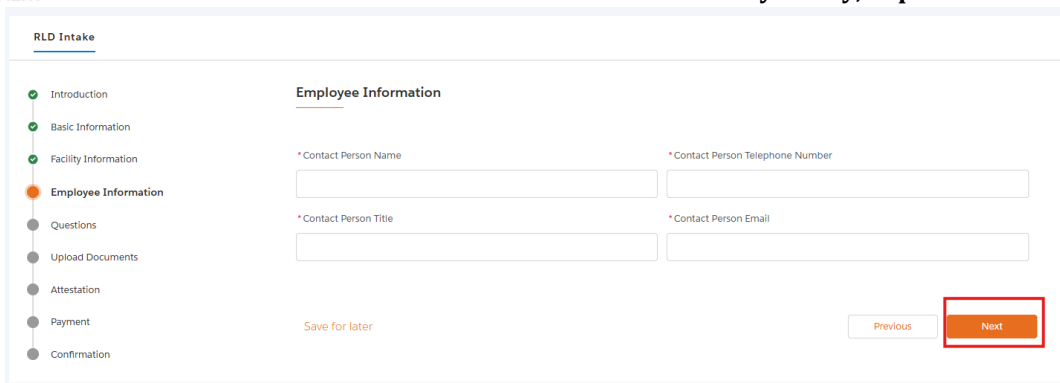
* Contact Person Telephone Number

* Contact Person Title

* Contact Person Email

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- a. To complet the Employee Information Page, select the orange “Next” button to continue.



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Employee Information

* Contact Person Name

* Contact Person Telephone Number

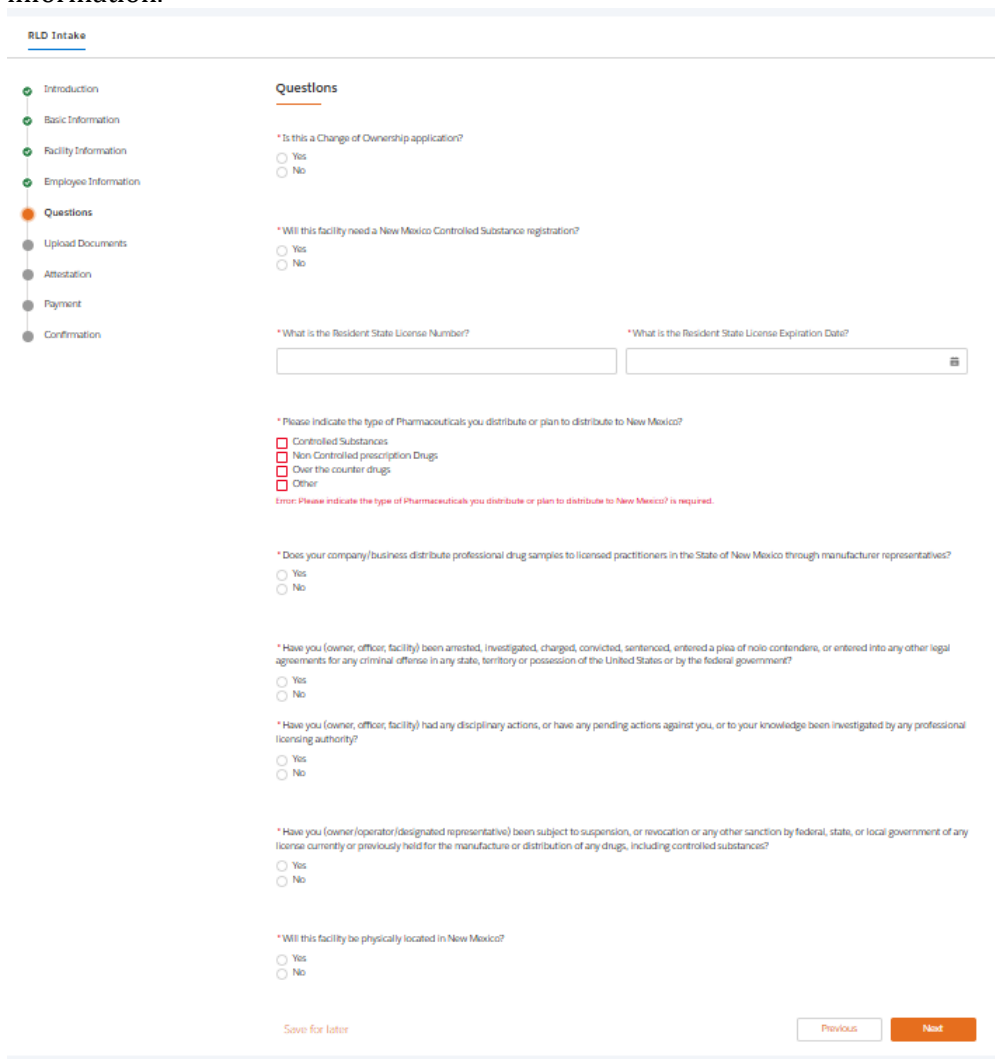
* Contact Person Title

* Contact Person Email

Save for later

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7. On the Questions page, please answer all questions accurately with the most recent information.



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Questions

* Is this a Change of Ownership application?

☐ Yes
☐ No

* Will this facility need a New Mexico Controlled Substance registration?

☐ Yes
☐ No

* What is the Resident State License Number?

* What is the Resident State License Expiration Date?

* Please indicate the type of Pharmaceuticals you distribute or plan to distribute to New Mexico?

☐ Controlled Substances
☐ Non Controlled prescription Drugs
☐ Over the counter drugs
☐ Other

Error: Please indicate the type of Pharmaceuticals you distribute or plan to distribute to New Mexico? is required.

* Does your company/business distribute professional drug samples to licensed practitioners in the State of New Mexico through manufacturer representatives?

☐ Yes
☐ No

* Have you (owner, officer, facility) been arrested, investigated, charged, convicted, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government?

☐ Yes
☐ No

* Have you (owner, officer, facility) had any disciplinary actions, or have any pending actions against you, or to your knowledge been investigated by any professional licensing authority?

☐ Yes
☐ No

* Have you (owner/operator (designated representative) been subject to suspension, or revocation or any other sanction by federal, state, or local government of any license currently or previously held for the manufacture or distribution of any drugs, including controlled substances?

☐ Yes
☐ No

* Will this facility be physically located in New Mexico?

☐ Yes
☐ No

Save for later

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- a. To complete the Questions page, select the “Next” button at the bottom right of the page.

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Questions

* Is this a Change of Ownership application?
☐ Yes
☐ No

* Will this facility need a New Mexico Controlled Substance registration?
☐ Yes
☐ No

* What is the Resident State License Number?

* What is the Resident State License Expiration Date?

* Please indicate the type of Pharmaceuticals you distribute or plan to distribute to New Mexico?
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Error: Please indicate the type of Pharmaceuticals you distribute or plan to distribute to New Mexico? is required.

* Does your company/business distribute professional drug samples to licensed practitioners in the State of New Mexico through manufacturer representatives?
☐ Yes
☐ No

* Have you (owner, officer, facility) been arrested, investigated, charged, convicted, sentenced, entered a plea of not guilty, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government?
☐ Yes
☐ No

* Have you (owner, officer, facility) had any disciplinary actions, or have any pending actions against you, or to your knowledge been investigated by any professional licensing authority?
☐ Yes
☐ No

* Have you (owner/operator/designated representative) been subject to suspension, or revocation or any other sanction by federal, state, or local government of any license currently or previously held for the manufacture or distribution of any drugs, including controlled substances?
☐ Yes
☐ No

* Will this facility be physically located in New Mexico?
☐ Yes
☐ No

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- On the Upload Documents page, attach all requested and relevant documents to their designated column.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
Letter describing in detail the nature of your business in the State of New Mexico				
Copy of most recent Inspection Report	Copy of the most recent FDA or home state's inspection report.			
Copy of Policies & Procedures	Copy of the applicant's written policies and procedures. Wholesale distributor 36.19.8.13 (1) NMAC.			
Designated Representative Information	Attach designated representative information: Name, SSN, Date of Birth, Phone Number, Business address, and email.			
Results of criminal background check & fingerprinting	Attach results of criminal background check and fingerprinting of applicant and designated representative (both state and federal background check is required). 1. The background check must include all states of residence since the person has been an adult. 2. Do not send fingerprints. 3. Manufacturers registered with the FDA as a drug establishment are exempt from this requirement but must submit proof of valid registration with FDA as a drug establishment.			
List of all Pharmaceutical accounts	Attach a list of all pharmaceutical accounts with whom you are conducting business with in the State of New Mexico. Include business names and addresses.			
List of Licenses, Registrations & Permits	Attach a list of all state and federal licenses numbers, registrations, and permits, including those issued by other states authorizing the applicant to purchase, possess, repackaging, or distribute dangerous drugs.			
Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate a wholesale drug distributor.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

Save for later

Previous Next

- a. Select the blue upload icon in each section to upload a document.

RLD Intake

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
Letter describing in detail the nature of your business in the State of New Mexico				
Copy of most recent Inspection Report	Copy of the most recent FDA or home state's inspection report.			
Copy of Policies & Procedures	Copy of the applicant's written policies and procedures. Wholesale distributor 16.19.8.13 (7) NMAC.			
Designated Representative Information	Attach designated representative information: Name, SSN, Date of Birth, Phone Number, Business address, and email.			
Results of criminal background check & fingerprinting	Attach results of criminal background check and fingerprinting of applicant and designated representative (both state and federal background check is required). 1. The background check must include all states of residence since the person has been an adult. 2. Do not send fingerprints. 3. Manufacturers registered with the FDA as a drug establishment are exempt from this requirement but must submit proof of valid registration with FDA as a drug establishment.			
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Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate a wholesale drug distributor.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

Save for later

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- b. Review the document size and type requirements before uploading, then select the Upload File button.

Upload

Please attach a copy of the required document.

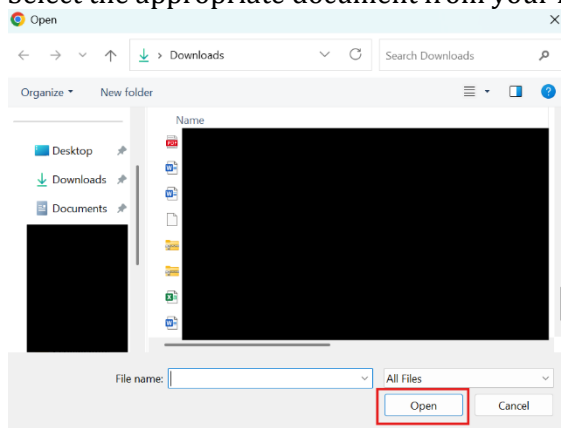
Note that:

1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpeg, jpg, xls.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

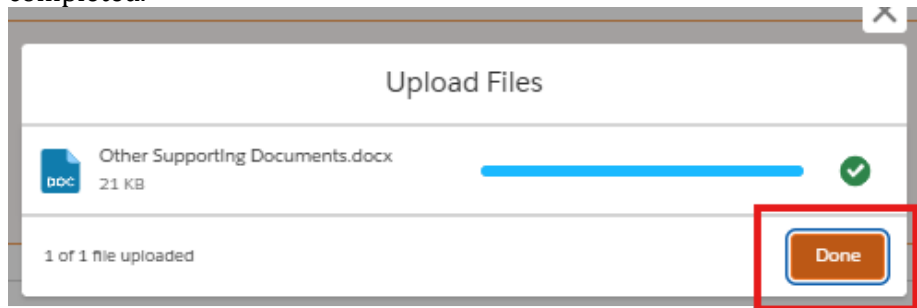
Drop files

Close

- c. Select the appropriate document from your files and then select "Open"



- d. The file will notify you when it's completed. Select the "Done" button when it's completed.



- e. You will be able to see your document added and can then select the "Close" option.



- f. You will be able to see the documents in each section once you have completed the uploads.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
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List of all Pharmaceutical accounts	Attach a list of all pharmaceutical accounts with whom you are conducting business with in the State of New Mexico. Include business names and addresses.			
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Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.		Other Supporting Documents	

Save for later

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- g. Once all documents are added, select the orange "Next" button.

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Document Name	Document Description	Upload a New File	Uploaded Files	Delete
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Copy of Policies & Procedures	Copy of the applicant's written policies and procedures. Wholesale distributor 36.19.8.13 (I) NMAC.			
Designated Representative Information	Attach designated representative information: Name, SSN, Date of Birth, Phone Number, Business address, and email.			
Results of criminal background check & fingerprinting	Attach results of criminal background check and fingerprinting of applicant and designated representative (both state and federal background check is required). 1. The background check must include all states of residence since the person has been an adult. 2. Do not send fingerprints. 3. Manufacturers registered with the FDA as a drug establishment are exempt from this requirement but must submit proof of valid registration with FDA as a drug establishment.			
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Copy of Current Resident State License	Copy of current resident state license, permit or registration to operate a wholesale drug distributor.			
Other Supporting Documents	Copies of judgements and supporting documents that could assist in review of the application.			

Save for later

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9. On the Attestation page, review the statement on the screen. Then select the checkbox to certify your agreement. After, enter your name and select the “Next” button at the bottom right.

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Attestation

Application Attestation

☐ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief.

☐ I further certify I will, upon receipt, read the New Mexico Dental Health Care Act and Rules and fully understand that I bind myself to be governed by them.

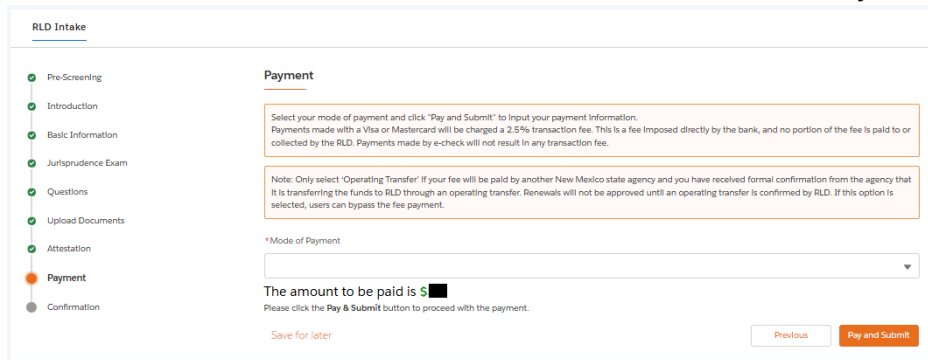
* Applicant Name

Date

Save for later

Previous **Next**

10. On the Payment page, review the notice before making any selections.



RLD Intake

Payment

Select your mode of payment and click "Pay and Submit" to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select "Operating Transfer" if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

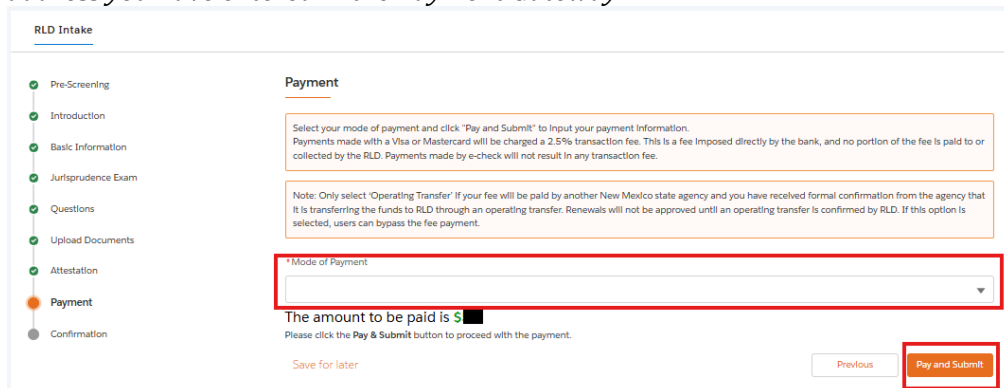
The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

- Select a Mode of Payment then the "Pay and Submit" button. When selecting either Credit Card (Visa or Mastercard) or E-Check as your payment method, a new tab will open directing you to the Cybersource Payment Gateway screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

Note: Payment is a separate system and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.



RLD Intake

Payment

Select your mode of payment and click "Pay and Submit" to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

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* Mode of Payment

The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

- Ensure all required fields are completed and click "Next" button to proceed through entire payment.

Billing

Payment

Review

Receipt

Billing Information

* Required field

First Name *

Last Name *

Company Name

Address Line 1

City

Country/Region

United States of America

State/Province

New Mexico

Zip/Postal Code

Phone Number *

Email *

Next

Cancel Order

Your Order

Total amount

\$

11. Once your payment is completed, your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.

Board of

PAR-0000

RLD Intake View

Introduction

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Payment

Payment

You have completed the payment.

The amount paid is \$

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12. On the home page, the application will appear under My Applications with **Submitted** status.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)