

**MISSISSIPPI**  
*State Board of Pharmacy*

*Street Address:*  
6360 I-55 North  
Suite 400  
Jackson, MS 39211  
Office: 601-899-8880 Fax: 601-899-8851

**APPLICATION FOR MEDICAL GAS WHOLESALER PERMIT**

**January 1, 2016 - December 31, 2017**  
**FEE - \$50.00**

Business Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
County: \_\_\_\_\_

**Type of Organization**  Partnership  Corporation  Sole Proprietorship

**Check One:**  Renewal  Original Permit  Change/ Location  Change/ Name  Change/Responsible Person

FDA Registered Repackager of Medical Gases: \_\_\_\_\_ Yes \_\_\_\_\_ No

Briefly describe the types of services that you provide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Owner(s): (If Corporation attach list of Officers)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(Name) (Address)

I understand that I am restricted to the acquisition and distribution of medical gases to authorized persons and/or businesses. I further understand that I cannot sell these drug products to individual patients and that each and every branch location of this business requires a separate permit. Application for and acceptance of the permit by me assumes knowledge of and compliance with all federal and state laws and regulations governing the distribution and/or sale of any medical gases.

Name typed or printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**OFFICE USE ONLY**

FACILITY PERMIT NUMBER: \_\_\_\_\_ FILE NUMBER: \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

## **ARTICLE XLI MEDICAL GAS WHOLESALERS PERMIT**

1. Every person, business or other entity where medical gas(es) are maintained, bought, sold or distributed within this state shall obtain a permit as a medical gas wholesaler from the Mississippi Board of Pharmacy.
2. To obtain a permit or renew a permit for a medical gas wholesalers permit, the applicant shall:
  - A. Submit a written application on a form prescribed by the Board;
  - B. Submit the required fees as follows:

Fifty dollars (\$50.00) for the registration period January 1, 2012, through December 31, 2013, and each biennial registration period thereafter.

A penalty of \$50.00 shall be added to all late renewals postmarked after January 1, of each renewal period.
3. Every business issued a medical gas wholesalers permit shall renew this permit biennially. Newly issued permits which do not coincide with the registration period shall be valid for the following periods of time: If the permit is issued in the first half of the registration period, it must be renewed at the end of the registration period. If the permit is issued in the second half of the registration period, it must be renewed at the end of the next registration period.
4. The person who signs the application for a medical gas wholesalers permit or its renewal shall be the permit holder for that facility and shall be responsible for all activities in the permitted facility which are subject to regulation by the Board. Once issued, a permit cannot be amended, transferred, or assigned to another person.
5. If the employment of a permit holder is terminated or if for any other reason he/she wishes to be relieved of the responsibilities of the permit holder, he/she must return the medical gas distributors permit to the Mississippi Board of Pharmacy with written notice that he/she is no longer the permit holder for that facility. When a permit is thus returned, application for a new permit for that facility must be made to the Mississippi Board of Pharmacy within ten (10) days.
6. If a permitted facility is permanently closed or has a change of ownership, the permit holder for that facility shall give notice to the Board of the effective date of closure or change in ownership at least ten (10) days prior to the closure or change of ownership.
7. If a permitted facility has a change in name or location, a new permit must be obtained. Application for this new permit must be made to the Board at least ten (10) days prior to the change.
8. All medical gas wholesalers permitted by the Mississippi Board of Pharmacy shall comply with the following:

- A. A medical gas wholesaler shall distribute medical gases only to those persons authorized by state law to purchase, maintain, administer or use these products.
  - B. A medical gas wholesaler shall not distribute medical gases directly to a patient.
  - C. A medical gas wholesaler must maintain records of all acquisition and sales of medical gases for a period of two (2) years. Normal business records are sufficient.
  - D. A medical gas wholesaler who wishes to transfill medical gases shall register with the Food and Drug Administration and shall comply with all regulations and standards as required by such registration. All copies of any inspections conducted by the Food and Drug Administration shall be maintained and produced for review by any agent of the Mississippi Board of Pharmacy. A copy of the transfilling registration must be maintained on file.
  - E. A medical gas wholesaler shall properly store and transport any medical gas in compliance with all federal, state and local laws and regulations.
  - F. The Board of Pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the permit of any medical gas wholesaler under the applicable provisions of ARTICLE IX of these regulations.
9. For purposes of these regulations “medical gas” means a liquid or gaseous substance used for medical purposes and that is required by federal law to bear the following statement: “Caution: Federal law prohibits dispensing without a prescription.” Medical gases may include, but not be limited to liquid oxygen, compressed oxygen, and nitrous oxide.