



## OKLAHOMA STATE BOARD OF PHARMACY

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### FORM D. GOVERNMENT OWNERSHIP INFORMATION

#### A. PLEASE TYPE OR PRINT CLEARLY (ALL Sections must be completed.)

NAME OF PHARMACY	
ADDRESS OF PHARMACY (include city, state and ZIP)	
NAME OF GOVERNMENT ENTITY OWNING PHARMACY (i.e. city, state, county, etc.)	
ADDRESS OF GOVERNMENT ENTITY OWNING PHARMACY (include city, state and ZIP)	
FEDERAL EMPLOYER ID NUMBER	PHONE NUMBER

#### B. RESPONSIBLE PERSON (provide this information for the person who signs the application)

NAME	TITLE
ADDRESS OF RECORD (include city, state and ZIP)	PHONE NUMBER
OK BOARD OF PHARMACY LICENSE # & TYPE (if applicable)	

**ATTEST:** I hereby attest that the foregoing statements or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Oklahoma Pharmacy Act. I agree to comply with the Oklahoma Pharmacy Act and Rules.

***THIS SIGNATURE MUST BE NOTARIZED:***

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public