



FEE - \$200

OKLAHOMA STATE BOARD OF PHARMACY
4545 Lincoln Blvd., Suite 112, Oklahoma City, OK 73105-3413
Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

**2012-2013 NOTICE OF RENEWAL
MEDICAL GAS DISTRIBUTOR PERMIT**

**Fee doubles 15 days after expiration
EXPIRES: _____**

[If you have had a Name change, Ownership change, or Address change you must complete a new application. New applications are available at www.pharmacy.ok.gov.]

1. **NAME and/or DBA & STREET ADDRESS of facility:**

2. **Mailing address (if different from #1):**

Permit No. _____ Please PRINT clearly

Please allow a minimum of 21 days from date of receipt for processing and mailing of your permit.

3. **Describe your business practice at this location:** I distribute medical gas to medical gas suppliers or other entities licensed to use, administer, or distribute medical gases

(√check all that apply) I distribute medical gas on drug orders issued to a patient.

~~Other~~ Other. Please describe: _____

4. Facility manager: _____ E-Mail: _____

5. Phone: () _____ Toll Free: () _____ Fax: () _____

6. Facility hours: Mon - Fri _____ Saturday _____ Sunday _____

7. Type of ownership: (___ Individual) (___ Partnership) (___ Corporation)

8. List Individual Owner, Partners, or Corporate Officers for facility listed in #1 (attach separate page if necessary):

Name/title _____ Name/title _____

Name/title _____ Name/title _____

9. Within the last 24 months or since the last renewal, has the manager, the owner, or the business been arrested, charged or convicted, or received a deferred sentence for any misdemeanor or felony offense or been disciplined for violation of laws or regulations relating to prescription drugs? ___ Yes ___ No ➡ If YES, complete addendum and attach.

10. Is the facility listed above in #1 located in Oklahoma? ___ Yes ___ No
➡ If NO, please attach a copy of this facility's license as issued by the resident state where it is located.

11. Name and title of person responsible for application: _____

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma, that all information I have supplied herein is true and complete to the best of my knowledge and belief.

Signature _____ Date _____