



**OKLAHOMA STATE BOARD OF PHARMACY**

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**\$300  
- FEE -**

**IN-STATE MEDICAL GAS DISTRIBUTOR PERMIT APPLICATION**

- 1. List name and/or dba and street address of facility: \_\_\_\_\_  
\_\_\_\_\_
- 2. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

3.  Check one: \_\_\_\_\_ **NEW** \_\_\_\_\_ **CHANGE** (  Ownership /  Name /  Location)

**ALL blanks must be completed. If not applicable, enter N/A.**  
Please allow 2-3 weeks for processing and mailing of your permit.

- 4. **Describe your business practice at this location:** ( check all that apply)
  - I distribute medical gas to medical gas suppliers or other entities licensed to use, administer, or distribute medical gases
  - I distribute medical gas on drug orders issued to a patient.
  - Other. Please describe: \_\_\_\_\_

5. Facility manager: \_\_\_\_\_ E-Mail: \_\_\_\_\_

6. Phone: ( ) \_\_\_\_\_ Toll Free: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

7. Facility hours: Mon - Fri \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

8. Type of ownership: ( \_\_\_ Individual) ( \_\_\_ Partnership) ( \_\_\_ Corporation) 9. State of incorporation: \_\_\_\_\_

10. Name of Partnership or Corporate owner of facility listed in #1: \_\_\_\_\_

11. 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 \_\_\_\_\_

12. 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**, state details on a separate page and attach.

13. 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.

14. 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 \_\_\_\_\_