



OKLAHOMA STATE BOARD OF PHARMACY

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FEE: \$300
(includes inspection and/or document review)

MEDICAL GAS SUPPLIER PERMIT APPLICATION

✓ Check all that apply	NEW
	CHANGE OF OWNERSHIP
	CHANGE OF LOCATION
	CHANGE OF NAME

FOR OSBP USE ONLY:		
LICENSE	ISSUED	REPLACES
RECEIPT	DATE	

Describe your business practice at this location:	(✓)Check all that apply		I supply medical gas only on drug orders issued to a patient.
			Other. Please describe:

1. List NAME and/or DBA and **street address** of facility: _____

2. Mailing Address (if different than #1): _____

3. **If the facility listed in #1 above is NOT LOCATED IN OKLAHOMA** – please attach a copy of this facility’s license as issued by the resident state where it is located.
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. State of incorporation: _____
9. Name of Partnership or Corporate owner of facility listed in #1: _____
10. 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 _____
11. 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**, please complete addendum and attach.
12. Person responsible for application: _____ E-Mail: _____

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 _____

PERMIT EXPIRES ANNUALLY – 12 MONTHS FROM ISSUE
PLEASE ALLOW 2-3 WEEKS FOR PROCESSING AND, IF APPLICABLE, PHYSICAL INSPECTION
(Note: physical inspection will occur for all in-state facilities)

