



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

FEE: \$400
(includes inspection and/or document review)

MANUFACTURER, PACKAGER OR WHOLESALER 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)	Manufacture of prescription drugs. (includes Virtual Manufacturer)
		Distribution of prescription drugs to licensed persons other than a consumer.
		Transfer of prescription drugs from one container to another.
		Other. Please describe:

Permit requested: (✓check one)	MANUFACTURER (allows holder to mfg & distribute from same location – includes virtual mfg)
	WHOLESALER/DISTRIBUTOR (separate permit required for packaging)
	PACKAGER (wholesale permit required)

Prescription items sold in / shipped to Oklahoma: (✓check all that apply)	Non-controlled (Rx)	Compressed Medical Gas
	Controlled (CDS)	Devices

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

- Mailing Address: _____

- 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.
- Does the facility listed in #1 sell directly to veterinarians located in Oklahoma? **Yes**____ **No**____
- Facility manager: _____ E-Mail: _____
- Phone: _____ Toll Free: _____ Fax: _____
- Facility hours: Mon - Fri _____ Saturday _____ Sunday _____
- Type of ownership: (___ Individual) (___ Partnership) (___ Corporation) 9. State of incorporation: _____
- Name of Partnership or Corporate owner of facility if not listed in #1: _____
- 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 _____
- 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.
- 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)