$FEE – $200

Fee doubles 15 days after expiration

EXPIRES:_____

Receipt No._____

Receipt Date_____

OKLAHOMA STATE BOARD OF PHARMACY
4545 Lincoln Blvd., Suite 112, Oklahoma City, OK 73105-3488
Phone: (405) 521-3815 / Fax: (405) 521-3758
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

2008-2009 NOTICE OF RENEWAL MANUFACTURER, PACKAGER OR WHOLESALER PERMIT

1. **Name** and/or dba and **street address of facility:**

Permit No. _____

Please PRINT clearly – list name and/or dba and address

2. **Mailing address:**

3. √ Check if applicable: ☐ **Name Change** ☐ **Ownership Change** ☐ **Address Change**

ALL blanks must be completed. If not applicable, enter N/A. Please allow 2-3 weeks for processing and mailing of your permit. Verification of receipt cannot be done over the telephone. You may request verification that your renewal was received by enclosing a self-addressed, stamped envelope.

4. **Prescription items sold in / shipped to Oklahoma (√check all that apply):**

☐ Non-Controlled (Rx) ☐ Controlled (CDS) ☐ Devices ☐ Compressed Medical Gas

5. Permit requested: ☐ **Manufacturer** ☐ **Wholesaler/Distributor** ☐ **Packager** * (wholesale permit required)

6. **Describe your business practice at this location: (√check all that apply)**

☐ Manufacture of prescription drugs.
☐ Distribution of prescription drugs to licensed persons other than a consumer.
☐ Transfer of prescription drugs from one container to another.*
☐ Other. Please describe: _____

7. Facility manager:_____ E-Mail:_____

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

9. Facility hours: Mon - Fri _____ Saturday _____ Sunday_____

10. Type of ownership: (___ Individual) (___ Partnership) (___ Corporation) 11. State of incorporation: _____

12. Name of Partnership or Corporate owner of facility listed in #1: _____

13. 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. Within the last 15 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**, 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_____

ANY CERTIFICATE NOT RENEWED IS SUBJECT TO CANCELLATION 30 DAYS AFTER EXPIRATION Nov-07