Information may be typed in before printing. Click the Reset button to clear the form.

FEE - $200

FOR OSBP USE ONLY	
RECEIPT:	
DATE:	

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 doubles 15 days after expiration
EXPIRES:_____

2012-2013 NOTICE OF RENEWAL
MANUFACTURER, PACKAGER OR WHOLESALER PERMIT

[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.]

Reset Form

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

Permit No. _____ Please PRINT clearly

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

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

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

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

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

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

5. Does the facility listed in #1 sell directly to veterinarians located in Oklahoma? ☐ **Yes** ☐ **No**
6. Facility manager: _____ E-Mail: _____
7. Phone: ( ) _____ Toll Free: ( ) _____ Fax: ( ) _____
8. Facility hours: Mon - Fri _____ Saturday _____ Sunday _____
9. Type of ownership: (☐ Individual) (☐ Partnership) (☐ Corporation)
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. 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.
12. 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.**

13. 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 Oct-11