



OKLAHOMA STATE BOARD OF PHARMACY
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\$300
- FEE -

IN-STATE MANUFACTURER, PACKAGER OR WHOLESALER 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. 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. 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 _____