

## **New Application Forms:**

---You **MUST** have a full and active license with the proper Oklahoma licensing board **BEFORE** submitting the application. If you are an advance practice nurse or CRNA, you must also have prescriptive authority with the Oklahoma Board of Nursing before submitting the application.

---You must list a **PHYSICAL Oklahoma BUSINESS** address on the application. A post office box or route number alone will not be accepted. If you do not have a physical street address, then you may list a post office box or route number but must also provide directions to the business location.

---If you will not have a primary business location in Oklahoma, but will be doing relief work or locum tenens in the state of Oklahoma, then you may list your out of state address but must include an explanation letter.

---If you do not already have a D.E.A. number, then you should answer "Pending" to the question asking for a D.E.A. number, as you must obtain OBN registration **BEFORE** you can obtain D.E.A. registration.

---Once the application is processed, you will be emailed a Certificate of Registration to the email address you list on the application (a certificate will not be mailed to you). If you do not list an email address on the application, then the certificate will be mailed to you at the business address you list on the application. If you do not want the initial certificate mailed to the business address, then you should include a letter with the application advising of the address you want the initial certificate mailed to.

If you should have any questions regarding the application, you should contact the Registration at (405)521-2885 or (800)522-8031.

MANUFACTURER  
RESEARCHER  
DISTRIBUTOR  
LABORATORY

NAME:

APPLICATION FOR REGISTRATION

Oklahoma Physical Business Address Including ZIP  
Code:

Submit check or money order payable to the Oklahoma State  
Bureau of Narcotics and Dangerous Drugs Control  
See item 1 for amount.

CASH WILL NOT BE ACCEPTED.

DO NOT WRITE IN THIS SPACE

Date Received: \_\_\_\_\_  
CK#: \_\_\_\_\_ AMT: \_\_\_\_\_  
Date Deposited: \_\_\_\_\_  
Number Issued: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

New Applicant \_\_\_\_\_ Renewal Applicant \_\_\_\_\_

If renewing, please list your current OBND Registraion Number \_\_\_\_\_

Business Telephone Number:

( ) -

E-Mail Address (This E-mail address will only be used for official OBN business)

\_\_\_\_\_

Business FAX Number:

( ) -

Enter Either Your Employer Identification Number(EIN)/Federal Tax Identification  
Number Or Your Social Security Number:

EIN: -

Social Security Number: - -

New Applicants for Scientific Researcher or  
Analytical Laboratory must submit two copies  
of an academic vita, operational protocol and  
the proposed security for the controlled  
dangerous substances.

1. Business Activity:

- Manufacturer \$200.00
- Scientific Researcher \$70.00
- Clinical Detoxification \$70.00
- Clinical Maintenance \$70.00
- Distributor \$100.00
- Analytical Lab. for Scientific Analysis \$70.00
- Teaching Institution (Inst. Purposes Only) \$70.00

2. Drug schedules requested (or authorized by D.E.A.):

- Schedule I
- Schedule II
- Schedule III
- Schedule IV
- Schedule V

3. Current D.E.A. Number: \_\_\_\_\_

D.E.A. Expiration Date: / /  
Month Day Year

4. Are you or your place of business exempt from registration or payment of registration fee? (If so, enclose a typed letter of explanation.)  Yes  No

- a. Only officers, employees and agencies of federal, state and local governments are exempt from payment of registration fee.
- b. Practitioners or institutional drug departments acting as agents of registered institutions are exempt from registration, provided that their prescribing or handling of any controlled dangerous substance is limited to inpatients of the registered institution.

5. Has the applicant, or if the applicant is a business entity, any of the business owners, officers, partners, or employees with access to controlled dangerous substances at this particular business site, been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, or any felony under laws of any state or of the United States? (If yes, attach complete explanation)  Yes  No

6. Has a previous registration or professional license of any type held by the applicant under any name or corporate or legal entity been surrendered, revoked, suspended, denied or placed on probation, or is such action pending? (If yes, attach complete explanation)  Yes  No

7. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance? (If yes, attach complete explanation)  Yes  No

SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Applicant or Authorized Individual

Draft

Per Title 63, Section 2-303, all renewals received more than 60 days late shall be charged a late penalty of double the fee.

THIS FORM MUST ACCOMPANY APPLICATION

FULL NAME:

BUSINESS NAME, ADDRESS, & TELEPHONE:

ADDRESS WHERE DRUGS WILL BE STORED:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PLEASE WRITE A SHORT PROTOCOL AS TO WHERE THE CONTROLLED DANGEROUS SUBSTANCES WILL BE STORED AND THE PROPOSED SECURITY:

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PLEASE RETURN TO THE REGISTRATION SECTION OF THE OKLAHOMA STATE BUREAU OF NARCOTICS AND DANGEROUS DRUGS CONTROL AT 4545 N. LINCOLN BLVD., SUITE 11 OKLAHOMA CITY, OK 73105. ANY QUESTIONS REGARDING THIS FORM, CONTACT THE REGISTRATION DIVISION AT THE ABOVE ADDRESS OR BY CALLING 405/530-3131 OR 1-800-522-8031.