DOG HANDLER APPLICATION FOR OBNDD REGISTRATION

Page 1 of 2

Submit completed application and check or money order payable to the Oklahoma Bureau of Narcotics in the amount of $140.00 to OBNDD at 419 NE 38th Terrace, OKC, OK 73105
Questions - call: 1.800.522.8031/ 405.521.2885 Monday – Friday, 8:00am - 4:30pm

MISSION STATEMENT
COMMOTTED TO HONOR, INTEGRITY AND EXCELLENCE
THE OKLAHOMA BUREAU OF NARCOTICS WILL SERVE
THE CITIZENS OF OKLAHOMA IN THE QUEST FOR A
DRUG FREE STATE

Renewals received more than 30 days late shall be charged a late penalty of double the above fee. You will be sent a renewal reminder notice approx. 90 days before the expiration date; however, it is the registrant’s responsibility to get the registration renewed before it expires, regardless of whether or not a renewal reminder notice was received. If you should have a business address change at any time while registered with the OBNDD, you should notify this office of your address change within 14 days and provide a new security protocol of the new CDS storage location.
You should familiarize yourself with Title 63 and Title 475 (OBN Rules & Regulations)
You can View the Rules and Regulations/Title 63 at www.ok.gov/obnnd

DOG HANDLER NAME:
Physical Oklahoma Address where the CDS will be stored, including zip code (note: a PO Box or Route # alone will not be accepted, if you do not have a physical street address, then please list the PO Box/Route number but also include directions to the business location).

________________________________________________________________________

________________________________________________________________________

COUNTY ADDRESS WHERE CDS WILL BE STORED IS LOCATED IN:
Please Indicate only one:

☐ NEW APPLICANT

☐ RENEWING APPLICANT - If renewing please list OBNDD number: __________________________
(If renewing and your registration has been expired for more than 6 months you must attach an explanation letter of why it was not renewed before it expired and advise whether or not you have prescribed, administered or dispensed CDS in Oklahoma since it expired.)

Email Address (will only be used for official OBN business)

Cell Phone Number: ____________________________ (will only be used for official OBN business)

Business Phone Number: ____________________________

Business Fax Number: ____________________________

Social Security Number: ___-__-____ Date of Birth: __/__/____

Current DEA Number: ____________________________ Expiration Date: __/__/____

Or ☐ PENDING / N/A (If pending you must notify us when received)

☐ CDS Requested for Training: ☐ Amphetamine ☐ Barbiturate ☐ Cocaine ☐ Hashish ☐ Heroin ☐ Marijuana ☐ PCP

APPLICATION REVISED July 6, 2017
DOG HANDLER APPLICATION FOR OBNDD REGISTRATION
Page 2 of 2

DOG HANDLER NAME: ____________________________

1. Do you request exemption from payment of the registration fee?  ○ YES OR ○ NO
(if yes, please attach verification letter from your employer.) The Director may exempt from payment of the fee an employee of Federal, Oklahoma State and Local government institutions whose handling of CDS are limited to such institution.

***** FEE EXEMPTION MUST BE REQUESTED AT TIME OF APPLICATION *****
***** REFUNDS WILL NOT BE GIVEN IF THE FEE IS PAID WITH THIS APPLICATION *****

Non Fee Exempt applicants should submit this application with payment of $140.00

Fee Exempt applicants should submit this application with a letter from employer verifying/explaining that you are an employee of a Federal, Oklahoma State or Local Government institution and your handling of CDS will be limited to that institution.

2. Has the applicant been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances or any felony under any laws of any state or of the United States?  (If yes, attach explanation)  ○ YES OR ○ NO

3. 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, placed on probation or has any other type of action been taken against your license or registration or is any kind of action pending?  (If yes, attach explanation)  ○ YES OR ○ NO

4. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance?
(if yes, attach explanation)  ○ YES OR ○ NO

SIGN
HERE: ________________________________ DATE: ________________________________

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

Date Received: ____________________ Amount Received: ____________________

Check Number: ____________________ Date Deposited: ____________________

Number Issued: ____________________

APPLICATION REVISED July 6, 2017
<table>
<thead>
<tr>
<th><strong>FULL NAME:</strong></th>
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<tr>
<td>BUSINESS NAME, ADDRESS, &amp; TELEPHONE:</td>
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<tr>
<td>ADDRESS WHERE DRUGS WILL BE STORED:</td>
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<td>DATE OF BIRTH:</td>
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<tr>
<td>SOCIAL SECURITY NUMBER:</td>
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<tr>
<td>PLEASE WRITE A SHORT PROTOCOL AS TO WHERE THE CONTROLLED DANGEROUS SUBSTANCES WILL BE STORED AND THE PROPOSED SECURITY:</td>
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PLEASE RETURN TO THE REGISTRATION DEPT. OF THE OKLAHOMA STATE BUREAU OF NARCOTICS AND DANGEROUS DRUGS CONTROL AT 419 NE 38th TERRACE OKLAHOMA CITY, OK 73105. ANY QUESTIONS REGARDING THIS FORM, CONTACT THE REGISTRATION DEPT. AT THE ABOVE ADDRESS OR BY CALLING 405/521-2885 OR 1-800-522-8031 MONDAY - FRIDAY 8:00am to 4:30pm