

---You MUST have an active license (not just a training 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 (please note that DEA will require that you have the same address with us that you list with them). If you are an out of state pharmacy or Distributor required to obtain OBNDD registration then you may list the out of state business address of the pharmacy/distributor.

---If you are a new applicant and 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.

---You should familiarize yourself with our rules and regulations (Title 475), as well as Title 63 (The Controlled Dangerous Substances Act), which you can find on our website- www.ok.gov/obnndd on the left menu under the heading of Rules and Regulations.

---One registration renewal reminder will be mailed to the last address that we have on record approx. 90 days before the registration expiration date, however, it is the registrant responsibility to be aware of the registration expiration date and to get the registration renewed before it expires, regardless of whether or not a renewal reminder is received.

---If you are an initial/first time applicant or you are renewing an inactive/expired registration, please note that you do not have any authorization to conduct controlled substance activities in Oklahoma until your application has been processed and a Certificate of Registration issued.

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

BUSINESS APPLICATION FOR OBND D REGISTRATION

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Submit completed application and check or money order payable to the Oklahoma Bureau of Narcotics in the amount of **\$420.00** to OBND D 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

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

R. Darrell Weaver, Director

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 registrants 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 OBND D, you should notify this office of your address change within 14 days. 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/obndd

BUSINESS NAME: _____

Physical Business Address, 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).

CONTACT PERSON'S FIRST AND LAST NAME: _____

Please indicate only one:

NEW APPLICANT

RENEWING APPLICANT

If renewing please list your current OBND D Registration number: _____

(If you are 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.)

CHANGE OF OWNERSHIP – applying for a new registration number
please provide OBND D registration number under previous ownership: _____

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

Business Phone Number: _____ - _____ - _____

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

Business Fax Number: _____ - _____ - _____

Federal Tax ID Number: _____ - _____

DEA NUMBER: _____ **DEA EXPIRATION DATE:** ____/____/____

OR PENDING (If Pending you must notify us of your DEA number and expiration date as soon as received)

BUSINESS APPLICATION FOR OBND D REGISTRATION

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BUSINESS NAME: _____

NPI NUMBER: _____ or PENDING / N/A (must notify us when received if pending)

NCPDP NUMBER: _____ or PENDING / N/A (must notify us when received if pending)

Business Activity: Please specify ONLY one: PHARMACY or HOSPITAL

Current Oklahoma Professional license Number _____ (You must have an active Oklahoma license Before submitting application) You will be registered under the business activity of the license number you provide, i.e. if you provide a license number issued by the Oklahoma Pharmacy Board then you will be registered under the business activity of Pharmacy, if you provide a license number issued by the Oklahoma State Health Department then you will be registered under the business activity of Hospital.

Retail Pharmacies are required to register with the PRESCRIPTION MONITORING PROGRAM (PMP) after obtaining this registration. You can register for the PMP at www.ok.gov/obndd or contact the help desk at 877-627-2674

Schedules Requested: 2 2N 3 3N 4 5

1. Do you request exemption from payment of the registration fee? YES OR NO

(If yes, please attach verification/explanation letter from your agency.) The Director may exempt from payment of the registration fee any Federal, Oklahoma State or local government agency.

*** 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 \$420.00

Fee Exempt applicants should submit this application with a verification letter explaining that you are a Federal, Oklahoma State or Local Government agency

2. Has the applicant(s), business owners, partners, or employees with access to controlled dangerous substances at this business site 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? YES or NO (If yes, attach explanation)

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? YES OR NO (If yes, attach explanation)

SIGN

HERE: _____ **DATE:** _____



DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

Date Received: _____ **Amount Received:** _____

Check Number: _____ **Date Deposited:** _____

Number Issued: _____