

DOG HANDLER APPLICATION FOR OBND D 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 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



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 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/obndd

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).

Please Indicate only one:

NEW APPLICANT

RENEWING APPLICANT - If renewing please list OBND D 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

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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: _____

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:

PLEASE RETURN TO THE REGISTRATION SECTION OF THE OKLAHOMA STATE BUREAU OF NARCOTICS AND DANGEROUS DRUGS CONTROL AT 440 NE 39TH STREET OKLAHOMA CITY, OK 73105. ANY QUESTIONS REGARDING THIS FORM, CONTACT THE REGISTRATION DIVISION AT THE ABOVE ADDRESS OR BY CALLING 405/521-2885 OR 1-800-522-8031.