

# HOSPICE/HOME HEALTH APPLICATION FOR OBND REGISTRATION

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Submit completed application and check or money order payable to the Oklahoma Bureau of Narcotics in the amount of **\$140.00** to OBND 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, 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/obnd](http://www.ok.gov/obnd)**

**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 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.)*

**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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**BUSINESS NAME:** \_\_\_\_\_

**Current Oklahoma Department of Health license Number** \_\_\_\_\_  
(You must have an active Oklahoma license Before submitting application)

**Schedules Requested:**  2  3  4  5

**1. Do you request exemption from payment of the registration fee?**  YES OR  NO  
(If yes, please attach verification 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 \$140.00

Fee Exempt applicants should submit this application with a letter verifying/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** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**HERE:** \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **Amount Received:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Date Deposited:** \_\_\_\_\_

**Number Issued:** \_\_\_\_\_