

**MANUFACTURER, RESEARCHER, NARCOTIC TREATMENT CENTER, CDS DISTRIBUTOR,
ANALYTICAL LAB, TEACHING INSTITUTION 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 specified below for your activity to:

OBND D 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 fee listed below for your registration type. . 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 on our website at www.ok.gov/obndd

APPLICANT 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.)

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: _____ - _____ - _____

Business Applicant enter your Federal Tax ID Number: _____ - _____

Individual Applicant enter your SSN: _____ - _____ - _____ **Date of Birth** __/__/____

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

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

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APPLICANT NAME: _____

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

Business Activity: Please specify ONLY one: Manufacturer \$500.00 cds Distributor \$300.00
 Analytical Laboratory \$140.00 Clinical Detoxification \$140.00 Clinical Maintenance \$140.00
 Both Clinical Detoxification/Maintenance \$140.00 Teaching Institution \$140.00
 Scientific Researcher \$140.00 (Researcher must submit an Operational Protocol and Academic Vita with application)

Schedules Requested: 1 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 fee any Federal, Oklahoma State or local government agency or an employee of Federal, Oklahoma State or 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 in the amount specified above for your business activity
Fee Exempt applicants should submit this application with a letter from your agency verifying/explaining that you are a Federal, Oklahoma State or Local Government agency or an employee of such agency whose handling of CDS is limited to that agency

2. 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 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)

4. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance? 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: _____