

SCHEDULE 5 PSEUDOEPHEDRINE LIMITED PHARMACEUTICAL DISTRIBUTOR APPLICATION

Submit completed application and check or money order payable to the Oklahoma Bureau of Narcotics in the amount of \$300.00 to 419 NE 38th Terrace, OKC, OK 73105
Questions, call: 1.800.522.8031 / 405.521.2885 Monday – Friday 8:00am to 4:30pm

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 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. View Rules and Regulations/Title 63 at www.ok.gov/obndd

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



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 you can list your PO Box or Route number but must also include directions to the business location).

Are you a NEW APPLICANT OR RENEWING APPLICANT? [] New OR [] Renewing

If you are a NEW applicant: Attach a letter describing the nature and extent of your business, including the geographical area covered and kinds of products sold in addition to pseudoephedrine. Registration shall be subject to an on-site inspection and review of business activities before being issued.

If you are a RENEWING applicant, please list your 5 digit OBND Registration Number: _____

If registration has been expired for more than 6 months, please attach an explanation letter of why it was not renewed before it expired.

Business Owner/Contact Person Name: _____

Business Owner/Contact person Date of Birth: ___/___/___

Business Phone Number: _____

Business Fax Number: _____ Cell Phone Number: _____

Federal Tax ID Number: _____

Email Address (will only be used for official OBND Business): _____

1. Current D.E.A. Number (if pending, please write PENDING): _____ D.E.A. Expiration date: ___/___/___

2. Has the applicant(s), business owners, officers, partners, or employees with access to controlled dangerous substances at this particular business site, been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, or any felony of under laws of any state or of the United States? [] YES or [] NO (If yes, attach explanation).

1. 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 or placed on probation or is any such action pending? [] YES or [] NO (If yes, attach explanation).

2. 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: _____

Signature of Applicant/Authorized Individual

DO NOT WRITE IN SPACE BELOW: OFFICE USE ONLY!

DATE RECEIVED: _____ AMT. _____ CK#: _____

DATE DEPOSITED: _____ NUMBER ISSUED: _____