



### Address/Name Change Request

This form can be used to notify the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) of a change of name and/or address. Complete the form below in its entirety. Failure to include the required information may result in a delay in processing your request. Once completed, sign the form, make a copy for your records, and send this form:

- by mail: OBND, Attn Registration, 4545 N. Lincoln Boulevard, Suite 11, Oklahoma City, OK 73105

- or by fax: 405/524-7619, Attn Registration

OBND Registration Number:

DEA Registration Number:

NCPDP Number:   
(applies only to pharmacies)

Information displayed on your current OBND registration certificate:

Registered Name:

Or Last Name First Name MI

Business Name:

Expiration Date:

Your new proposed name and address:

New Name (if applicable):

Or Last Name First Name MI

Business Name:

New Business Address:  
(do not use P.O. Box unless accompanied by a street address)

Telephone #:  Fax #:

Effective date for the above changes:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_