OBNDD ADDRESS/NAME CHANGE REQUEST

This form can be used to notify the OBNDD of a change of name and/or address. If you are an individual registrant and are changing your name, please include a copy of the name changing document (i.e. marriage license, divorce decree page, court order, etc.). Complete the form below in its entirety. Failure to provide the requested 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: OBNDD, Attn. Registration, 419 NE 38th Terrace, Oklahoma City, OK 73105
By Fax: (405) 524-7619 Attn. Registration

OBNDD Registration Number and Expiration date:____________________________________

DEA Registration Number and Expiration date (if applicable):____________________________

NCPDP NUMBER (applies to pharmacies only):__________________________________________

OMMA License Number (applies to medical marijuana business only)____________________

Information displayed on your current OBNDD registration certificate:
Individual Name:______________________________________________________________
Business Name:______________________________________________________________

New Name (if applicable):_________________________________________________________
Business Name:______________________________________________________________
New Business Address (Do not use a PO Box unless accompanied by a street address):
_____________________________________________________________________________
_____________________________________________________________________________

If this is a new location for a K-9 Handler, Medical Director of an EMS or Medical Marijuana business please include a written explanation of the security and storage of the CDS at new location

New Telephone #:_____________________________________
New Fax #:________________ Current Cell phone number:______________________________
Current email address (used for official OBNDD business)_____________________________________

Printed Name:________________________________ Signature:________________________