



OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
Phone: (405) 521-3815 / Fax: (405) 521-3758
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FORM D. GOVERNMENT OWNERSHIP INFORMATION

A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)

PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE
ADDRESS OF PHARMACY OR FACILITY (include city/town name, state/province/county, ZIP and Country)

B. GOVERNMENT ENTITY OWNER.

NAME OF GOVERNMENT ENTITY OWNING PHARMACY OR FACILITY
ADDRESS OF GOVERNMENT ENTITY (include city/town name, state/province/county, ZIP and Country)
FEDERAL EMPLOYER ID NUMBER (FEIN) OF GOVERNMENT ENTITY

C. DESIGNATED REPRESENTATIVE. (provide this information for the person who signs the application below)

NAME OF DESIGNATED REPRESENTATIVE FOR GOVERNMENT ENTITY	TITLE		
ADDRESS OF RECORD (include city/town name, state/province/county, ZIP and Country)	PHONE NUMBER		
LICENSED OK PHARMACIST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, OK DPH LICENSE #	

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

THIS SIGNATURE MUST BE NOTARIZED:

Signature of Designated Representative

State of _____)
County of _____)

Subscribed and sworn to or affirmed before me
this _____ day of _____, 20____.

Notary Public

THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:

- 1. Oklahoma State Board of Pharmacy Application & Fee (PAID ONLINE ONLY)