

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971)673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY	[0331] \$10.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____

LICENSE VERIFICATION REQUEST FORM

FEE \$10.00
ALL FEES ARE NON REFUNDABLE

LICENSEE NAME _____

LICENSE NUMBER _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

Please Mail to: check here if same as address above

NAME _____

STATE BOARD (if applicable) _____

ADDRESS _____

CITY, STATE & ZIP CODE _____

Please Note:

- Your completed request form must be submitted with your payment made by **check or money order only (NO debit/credit cards or cash)** and mailed to the address listed below.

Make checks payable to: Oregon Board of Pharmacy
800 NE Oregon St Ste 150
Portland, OR 97232

**ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE
PURSUANT TO ORS 30.701(5)**