

APPLICATION FOR REGISTRATION

WHOLESALE OR MANUFACTURER OF PROPHYLACTICS AND CONTRACEPTIVES

(Expires December 31 Annually)
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 [0319] \$50.00
RECEIPT #
CHECK #
ENTERED BY

PROPHYLACTIC AND/OR CONTRACEPTIVE

LICENSE FEE: \$50.00
ALL FEES ARE NON REFUNDABLE

- [] New Outlet Start Date
[] Owner Change Date Effective Former license number
[] Location Change Date Effective Former license number

A change of ownership or location requires the submission of a new application and registration fee within 15 days. Please check the appropriate box regarding application status: [] Name change only - (no fee required)

Please PRINT or TYPE WARNING: ORS 475.135 (e) The furnishing of false information is grounds to deny registration.

Pharmacy Name
Location Address
Phone Number () - FAX # () -
City, State, Zip
License & Renewal Mailing Address
City, State, Zip
Contact Person Title Contact Phone
City, State, Zip
Federal Tax ID # Email:

- [] I wish to have my registration application processed on the date you receive my COMPLETE APPLICATION and PAYMENT in your office. Because the Oregon Board of Pharmacy does not prorate fees, I realize that by having my registration become effective before the beginning of the renewal period (January 1) my license will not be valid for a full year.
[] I wish to have my registration become effective on the following January 1st. (ONLY APPLICABLE FOR NEW DISTRIBUTORS)

MANUFACTURERS - COMPLETE THIS SECTION CONCERNING PRODUCTS TO BE LICENSED

- 1. IS PRODUCT PACKAGED AND LABELED FOR RETAIL SALE BEFORE IT LEAVES FACTORY? [] YES [] NO
2. IS LABEL DETACHABLE? (DETACHABLE LABELS ARE NOT ACCEPTABLE) [] YES [] NO
3. HAVE PRODUCTS RECEIVED APPROVAL IN ACCORDANCE WITH THE FDA AND ITS REGULATIONS? [] YES [] NO

WHOLESALEERS - COMPLETE THIS SECTION CONCERNING PRODUCTS TO BE LICENSED

- 1. DO YOU PACKAGE AND LABEL PRODUCTS FOR RETAIL SALE? [] YES [] NO (If the answer to one is YES, indicate below under products to be licensed, products that you package and label for retail sale.)
2. IS LABEL DETACHABLE? (DETACHABLE LABELS ARE NOT ACCEPTABLE) [] YES [] NO
3. HAVE PRODUCTS RECEIVED APPROVAL IN ACCORDANCE WITH THE FDA AND ITS REGULATIONS? [] YES [] NO
List below products for which license is desired. If you manufacture product or repackage and label product, please furnish to the Board for review one sample labeled product showing expiration date per product in stock.

The undersigned hereby certifies that all the information contained in this application is true and correct and that all the provisions of the law relative to the conduct of business operating thereunder will faithfully be observed.

Applicant's Signature and Title Date

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE OREGON BOARD OF PHARMACY.

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