

2015 MANUFACTURER RENEWAL APPLICATION



Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232

Please PRINT or TYPE **WARNING:** ORS 475.135(1)(e) and ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Business Name (DBA) _____

Corporation Name _____

Parent Company Name (if applicable) _____

License Number _____ Federal Tax ID # _____

Location Address _____

City, State, Zip _____

Phone Number () - - FAX # () - -

Is the address listed above the primary mailing address for license and renewals? [] Yes [] No

If No, please complete the mailing information below:

Mailing Address _____

City, State, Zip _____

Licensing Contact Person _____ Title _____ Contact Phone _____

Email Address: _____

You MUST provide at least one of the following FDA registration numbers or indicate if you are a repackager:

(a) New Drug Application Number (NDA) _____

(b) Abbreviated New Drug Application Number (ANDA) _____

(c) Labeler Code number (LC) or National Drug Code Number (NDC) _____

(d) FDA Central File Number (CFN) _____

(e) FDA Establishment Identifier Number (FEI) _____

(f) Biologic License Application (BLA) _____

(g) Outsourcing Facility Registration Number _____

(h) Repackager [] Check here

(i) Other _____

Officers or Members Information

Complete this section for Corporate Officers or Members. You may provide an attachment with this information.

1. Name _____

Title _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

2. Name _____

Title _____

Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Nature of Business & Types of Products Manufactured

Nature of Business (Please check ALL that apply):

Manufacturer Contract Manufacturer Virtual Manufacturer First Point of Entry into the United States

Repackager Compounder Outsourcing Facility Other (Explain) _____

Types of Product being Manufactured and Shipped into Oregon (Please check ALL that apply):

Human Prescription Drugs Veterinary Prescription Drugs Controlled Substances Oxygen USP

Medical Gases Over-the-Counter Drugs Prescription Devices Compounded Medications

Other _____

Yes **No** - Since the date of your last renewal has **disciplinary action** been taken, or is any such action currently pending against any of the persons or establishments listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation? If "yes", attach a copy of the Board Order if applicable, a detailed explanation of the incident and describe any penalty incurred.

The undersigned hereby states that all the information contained in this application for renewal is true and correct, that they have read and are familiar with the pharmacy laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

Print or Type Name of Authorized Individual

Signature of Authorized Individual

Date