

2011 DRUG DISTURBANCE AGENT ANNUAL RENEWAL

Supplemental Information Form

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 _____

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 _____

Contact Person _____ Title _____ Contact Phone _____

Email Address: _____

Please answer all of the following:

- [] Yes [] No Has disciplinary action ever been taken, or is any such action currently pending against any of the persons listed in 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 detailed explanation of the incident and describe any penalty incurred.
- [] Yes [] No Before facilitating a transaction for any vendor, do you verify that the vendor is legally authorized to sell the drug or prescription device?
- [] Yes [] No Before facilitating a transaction for any vendor, do you verify that the recipients are legally authorized to receive the drug or prescription device?
- [] Yes [] No Do you possess any drugs or prescription devices at this location?

Ownership Information

Owner Name _____

Parent Company Name (If owned by another entity) _____

Complete this section for all corporate officers or members. *You may attach additional pages if necessary.*

1. Name _____

2. Name _____

Title _____

Title _____

SSN/Federal Tax ID _____

SSN/Federal Tax ID _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

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 Applicant

Signature of Applicant or Authorized Individual

Date