

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



FOR BOARD USE ONLY [0331] \$5.00

RECEIPT # \_\_\_\_\_

PERSON ID# \_\_\_\_\_

ENTERED BY \_\_\_\_\_

## CERTIFIED COPY REQUEST FORM

**FEE \$5.00** (per page)

**ALL FEES ARE NON REFUNDABLE**

LICENSEE NAME \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please check here if this is an address change: [  ]

MAILING ADDRESS (IF DIFFERENT THAN ADDRESS LISTED ABOVE):

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

Please check here if this is a mailing address change: [  ]

Number of pages requested \_\_\_\_\_ (2 copies per page) Amount enclosed \$ \_\_\_\_\_ (\$5.00 per page)

### Please Note:

- You completed request form must be submitted, along with your payment **by check or money order only**, 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 licensees must display their license or a certified copy of their license at their workplace.

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