

APPLICATION FOR REGISTRATION

APPLICATION FOR REGISTRATION UNDER
OREGON CONTROLLED SUBSTANCE ACT
(Expires March 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 [0310] \$50.00
RECEIPT #
BATCH DATE
ENTERED BY

CONTROLLED SUBSTANCE

FEE \$50.00
ALL FEES ARE NON REFUNDABLE

The Controlled Substance registration is not an independent registration, it must be issued in conjunction with a Correctional Facility Registration. (If Not Applicable, please check here) []

Please PRINT or TYPE

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

Business Name

Location Address

Phone Number () - FAX # () -

City, State, Zip

License & Renewal Mailing Address

Contact Person Title Contact Phone

City, State, Zip

Phone Number () - FAX # () -

Federal Tax ID # or Owner SSN: Does this outlet belong to a chain? [] Yes [] No

DRUG SCHEDULES (Check appropriate box(es))

[] Schedule I [] Schedule II [] Schedule III [] Schedule IV [] Schedule V

Attach list of stocked Schedule I Drugs [] Narcotic [] Non-Narcotic

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Are you currently registered to manufacture, distribute or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the Federal Government? [] YES [] NO

CURRENT FEDERAL REGISTRATION NUMBER

2. Has the applicant been convicted of a felony in connection with controlled substances under state or federal law? [] YES [] NO

3. If the applicant is a corporation, association or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law? [] YES [] NO

4. Has the applicant ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied? [] YES [] NO

5. If the applicant is a corporation, association or partnership, has any officer, partner, or stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied? [] YES [] NO

IF THE ANSWER IS YES TO ANY OF QUESTIONS 2 THROUGH 5, ATTACH LETTER SETTING FORTH THE CIRCUMSTANCES.

Print or Type Name of Applicant Signature of Applicant or Authorized Individual 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)