

APPLICATION FOR REGISTRATION

SCHEDULE II PRECURSOR OREGON CONTROLLED SUBSTANCE ACT (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 [0320] \$50.00 RECEIPT # _____ BATCH DATE _____ ENTERED BY _____

SCHEDULE II PRECURSOR

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.

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

Please check the Schedule II controlled substance precursors you wish to be registered to distribute or possess:

- [] Anthranilic acid [] Ephedrine [] Lead Acetate [] Methlamide
[] Methylformamide [] Phenylacetic acid [] Pseudoephedrine [] Other

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 DEA 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 [] YES [] NO

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

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)