

**2016 DRUG DISTRIBUTION AGENT 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 (DBA) _____

Corporation Name _____

Parent Company Name (if applicable) _____

License Number _____ Federal Tax ID # _____

Location Address _____

City, State, Zip _____

Phone Number () - FAX # () -

Licensing Contact Person _____ Title _____ Contact Phone _____

Email Address: _____

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 _____

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 _____

Contact Representative for Facility

Name _____

Title _____

Address _____

City, State, Zip _____

Phone Number _____

Fax _____

Email Address _____

Normal Business Hours of Facility _____

Third-Party Logistics Providers

[] Please check this box if you are a Third-Party Logistics Provider. A Third-Party Logistics Provider provides logistics services in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, but does not take ownership of the product, and does not have responsibility to direct the sale or disposition of the product.

[] **Yes** [] **No** . Have you reported licensure and other required information to the FDA for your facility? (Per FD&C Act Section 503(e)(2) and Section 584)?

List the date of your most recent annual report to the FDA: _____

Attestation and Signature

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 Name & Title of Authorized Individual

Signature of Authorized Individual

Date