



APPLICATION FOR REGISTRATION  
WHOLESALE OR MANUFACTURER OF  
PROPHYLACTICS AND CONTRACEPTIVES

(Expires December 31 Annually)

**APPLICATION REQUIREMENTS:**

**\$70.00 application or owner/location change fee** - All fees are non-refundable.

**If you answer "YES" to any disciplinary action questions**, including pending disciplinary actions, all notices, citations, etc. and fully executed Board orders must be provided along with a detailed explanation.

**\*Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

**Mail completed application and all required documentation to:**

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232

**Questions? Contact us:**

Telephone: (971) 673-0001  
[www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

Please read the following instructions for applicants for registration as a Prophylactic & Contraceptive Drug Outlet.

1. Oregon Administrative Rules [855-070](#) contains additional information and requirements regarding Prophylactics and Contraceptives registration.
2. The Board will issue a registration once all required documentation and fee(s) have been submitted and the application is approved. An outlet may not commence business in Oregon until a registration is issued.
3. Each company or location address, even if under common ownership, must submit a separate application for registration.
4. You must pay a registration fee for each application for **a New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **All fees are non-refundable.**

Examples of a required ownership change application include but are not limited to: corporate restructure; LLC to a Corporation, Corporation to LLC; acquisition of assets; or additions or deletions of an owner. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

If you are completing these forms to report a **Name Change** only, you do not pay a fee.

5. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy/Pages/Laws-Rules.aspx>. You may purchase a set for \$25 (check the box on the application if you wish to purchase one or more sets).

Your registration is to be in your possession PRIOR to dispensing drug products in Oregon.

Prophylactics & Contraceptives Drug Outlets expire December annually and fees are not prorated. Renewal notices will be mailed out early November.



# APPLICATION FOR REGISTRATION

## PROPHYLACTICS AND CONTRACEPTIVES

(Expires March 31 Annually)  
Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)



FOR BOARD USE ONLY [0319] \$ 70.00  
[0326] \$ 25.00

RECEIPT # \_\_\_\_\_  
CHECK # \_\_\_\_\_  
ENTERED BY \_\_\_\_\_  
PERSON ID # \_\_\_\_\_  
APPLICANT ID # \_\_\_\_\_

### Please check all that apply:

- ☐ **Prophylactics and Contraceptives**  
☐ **Laws & Rules per set, please indicate quantity** \_\_\_\_\_

**Fee: \$ 70.00**

**Fee: \$ 25.00**

**TOTAL ENCLOSED: \_\_\_\_\_**  
**ALL FEES ARE NON-REFUNDABLE**

### Type of Application – Check all that apply:

- ☐ **New Facility Application - Start / Effective Date:** \_\_\_\_\_
- ☐ **Change of Ownership or Location Change – Effective Date of Change:** \_\_\_\_\_  
A change of ownership or location **requires** the submission of a new application and registration fee **within 15 days**.  
**Registration Number:** \_\_\_\_\_
- ☐ **Legal documentation of the change in ownership or control, for example, a stock purchase agreement and/or and executed contract for sale, etc.**
- ☐ **Registration Reinstatement (Registration has been lapsed for a period of one year or more)**  
**Registration Number:** \_\_\_\_\_
- ☐ **Name Change Only (No fee required)**  
**Registration Number:** \_\_\_\_\_

### Please PRINT or TYPE

**WARNING:** ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA): \_\_\_\_\_

Full Legal / Owner Name: \_\_\_\_\_

Federal Tax ID # or Owner SSN: \_\_\_\_\_ NABP eProfile # \_\_\_\_\_

Oregon Secretary of State Corporation Division Registry Number: \_\_\_\_\_

Can be found at: <https://sos.oregon.gov/business/Pages/find.aspx>

Physical Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX # \_\_\_\_\_

Registration & Renewal Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Licensing Contact Person: \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Licensing Contact Person E-mail Address: \_\_\_\_\_

Hours / Days Establishment is open: \_\_\_\_\_AM to \_\_\_\_\_PM \_\_\_\_\_Through\_\_\_\_\_

**REQUIRED INFORMATION:**

1. Has disciplinary action been taken, or is any such action currently pending or proposed 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 detailed explanation of the incident and describe any penalty incurred. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this facility a small business? A small business is defined as a corporation, partnership, sole proprietorship or legal entity, which is independently owned and operated from all other businesses and which has 50 or fewer employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MANUFACTURERS - COMPLETE THIS SECTION</b>	
1. Is product packaged and labeled for retail sale before it leaves the factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have products received approval in accordance with the FDA and applicable regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What products are manufactured at the location listed on page 1? List below:	
<b>WHOLESALEERS - COMPLETE THIS SECTION</b>	
1. Do you package and label products for retail sale? (If the answer is "YES", list the products that you package and label for retail sale in the box below):	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have products received approval in accordance with the FDA and applicable regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Ownership Information

Type of Ownership:

- ☐ Publicly Held Corporation   ☐ Corporation   ☐ Limited Liability Company   ☐ Sole Proprietorship
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership   ☐ Charitable Organization
- ☐ Government / Educational Institution

**Owner Name** \_\_\_\_\_

**Parent Company Name (If owned by another entity)** \_\_\_\_\_

Complete the information below for all owners. You must include the Registered Agent and at least one of the following: CEO, President, Owner, or Members of LLC. If a corporation, include the names of the corporate officers and the names of the stockholders who own the five largest interests.

- 1.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_
  
- 2.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_
  
- 3.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_



## **Facility Attestation Form**

**Part 1 – Responsible Party Information** - To be completed by an authorized individual of the applicant. This must be an individual who may legally sign on behalf of the business and is responsible for compliance with Oregon Laws and Rules.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility City, State, Zip: \_\_\_\_\_

**Part 2 – Attestation** - To be completed by the responsible party listed above (person who may legally sign for the business). *Must be manually signed in ink.*

Per Oregon Revised Statute [689.405\(1\)](#) The furnishing of false information is grounds to deny registration.

I swear or affirm that all information, statements, answers, and representations made in this application and the documents attached are true and correct, that the individuals at this facility are familiar with the laws and rules of the Oregon Board of Pharmacy as well as applicable federal laws, and that the business will be operated in compliance with all applicable laws and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

FINAL CHECKLIST:	
1.	Appropriate Fee Included?
<input type="checkbox"/> \$70.00 application or owner/location change fee  <b>Total Fee Enclosed:</b> _____	
2.	Complete application* – an application is incomplete if all requested information is not provided.  <small>*Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 6 months will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.</small>
A.	<input type="checkbox"/> Oregon Secretary of State Business Registry Number
B.	<input type="checkbox"/> If you answer “YES” to any disciplinary questions; disciplinary actions, pending disciplinary actions, and fully executed Board orders must be provided along with a detailed explanation.
C.	<input type="checkbox"/> Completed Facility Attestation Form
D.	<input type="checkbox"/> All signatures

The undersigned hereby states that all the information contained in this application for registration is complete, true and correct, that they have read and are familiar with the applicable laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Partner, Etc.)

\_\_\_\_\_  
Date

ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)