

2020
Remote Dispensing Machine
Supplemental Information Form

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, Oregon 97232

Please complete all fields of this required form and return with your renewal form. This form will be used to update your file.

All information is required. You must complete both sides of this form.

Drug Outlet License Number: _____
Facility Name _____
Owner, Corp or LLC Name: _____
Federal Tax ID Number: _____

Physical Location Address: _____
City, State, Zip: _____
Phone / Fax Number: _____

IS THIS THE PRIMARY MAILING ADDRESS FOR LICENSE & RENEWALS?
____ YES ____ NO (If no, please complete mailing address below)

Mailing Address: _____
City, State, Zip: _____

PLEASE FILL IN THE APPROPRIATE OWNERSHIP INFORMATION.

Please provide the name, title, address and email of the Owner, CEO, President, Partners, or Members of LLC.

Name & Title: _____
Address: _____
City, State, Zip: _____
Email: _____

Name & Title: _____
Address: _____
City, State, Zip: _____
Email: _____

State in which Incorporated: _____

Responsible Pharmacy: _____
Pharmacy License Number: _____
Pharmacy Address: _____

DEA Number (If Applicable): _____
(Required if you hold an Oregon Controlled Substance Registration)

Contact Person: _____
Contact Number: _____
Contact E-mail: _____

Name & Title: _____
Address: _____
City, State, Zip: _____
Email: _____

Name & Title: _____
Address: _____
City, State, Zip: _____
Email: _____

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**FAILURE TO COMPLETE THIS FORM IN ITS
ENTIRETY WILL CONSTITUTE AN
INCOMPLETE ANNUAL RENEWAL
APPLICATION. THIS FORM MAY BE
DUPLICATED AS NEEDED.**

Yes * No Since the date of your last renewal has any investigation been initiated, or has any pharmacy or drug related disciplinary action been taken, or is any such action currently pending against any of the persons or facilities listed on this renewal application by any State (other than Oregon) or Federal Authority?

* If "yes", attach a copy of the Board order if applicable, include a detailed explanation of the incident below, and describe any pending discipline or penalty incurred.

SIGNATURE OF AUTHORIZED PERSON

DATE

PLEASE PRINT FIRST AND LAST NAME

TITLE