APPLICATION FOR REGISTRATION

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

SCHEDULE II PRECURSOR

ALL FEES ARE NON REFUNDABLE

FEE $50.00

[ ] 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 [ ] Methamide
[ ] 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)

Revised June 13