



APPLICATION FOR REGISTRATION
WHOLESALE OR MANUFACTURER OF
PROPHYLACTICS AND CONTRACEPTIVES

(Expires December 31 Annually)

APPLICATION REQUIREMENTS:

\$50.00 application or owner/location change fee. All fees are nonrefundable.

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 from applicant signature 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
pharmacy.licensing@bop.oregon.gov

Please read the following instructions for applicants for registration as a Schedule II Precursor Drug Outlet.

1. Oregon Administrative Rules [855-070](#) contains additional information and requirements regarding Prophylactics and Contraceptives registration.
2. We will process your registration when we have received all required paperwork and fee(s).
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 nonrefundable.**

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#OREGON LAWS & RULES. 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



FOR BOARD USE ONLY [0319] \$ 50.00 [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: \$ 50.00
Fee: \$ 25.00

TOTAL ENCLOSED:
ALL FEES ARE NONREFUNDABLE

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:

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:

<p>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?</p> <p>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.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>MANUFACTURERS - COMPLETE THIS SECTION</p>	
<p>1. Is product packaged and labeled for retail sale before it leaves the factory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Have products received approval in accordance with the FDA and applicable regulations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. What products are manufactured at the location listed on page 1? List below:</p>	
<p>WHOLESALEERS - COMPLETE THIS SECTION</p>	
<p>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):</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Have products received approval in accordance with the FDA and applicable regulations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 at least one of the following: CEO, President, Owner, or Members of LLC and Registered Agent. 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	_____

FINAL CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$50.00 application or owner/location change fee <input type="checkbox"/> \$50 renewal fee* *Only applicable if application is postmarked in the period of November 1 through December 31 annually. Total Fee Enclosed: _____
2.	Complete application* – an application is incomplete if all requested information is not provided. *Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 6 months from applicant signature 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.
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"/> 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)