



**OKLAHOMA STATE BOARD OF PHARMACY**

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105 Phone: (405) 521-3815 / Fax: (405) 900-8365  
www.pharmacy.ok.gov / e-mail: pharmacy@pharmacy.ok.gov

**FORM D. GOVERNMENT OWNERSHIP INFORMATION**

**A. APPLICANT. (PLEASE TYPE OR PRINT CLEARLY)**

<b>PHARMACY OR FACILITY NAME and DBA NAME APPLYING FOR LICENSE</b>
<b>ADDRESS OF PHARMACY OR FACILITY (include city, state and ZIP)</b>

**B. GOVERNMENT ENTITY OWNER.**

<b>NAME OF GOVERNMENT ENTITY OWNING PHARMACY OR FACILITY</b>
<b>ADDRESS OF GOVERNMENT ENTITY (include city, state and ZIP)</b>
<b>FEDERAL EMPLOYER ID NUMBER (FEIN) OF GOVERNMENT ENTITY</b>

**C. DESIGNATED REPRESENTATIVE. (provide this information for the person who signs the application below)**

<b>NAME OF DESIGNATED REPRESENTATIVE FOR GOVERNMENT ENTITY</b>	<b>TITLE</b>		
<b>ADDRESS OF RECORD (include city, state and ZIP)</b>	<b>PHONE NUMBER</b>		
<b>LICENSED OK PHARMACIST?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>IF YES, OK DPH LICENSE #</b>	

I swear and affirm under penalty of perjury pursuant to Title 21 O.S. 491 and/or discipline by the Board of Pharmacy under the pharmacy laws and rules of the State of Oklahoma that all information I have supplied herein is true and complete.

**THIS SIGNATURE MUST BE NOTARIZED:**

\_\_\_\_\_  
Signature of Designated Representative

State of \_\_\_\_\_)  
County of \_\_\_\_\_)

Subscribed and sworn to or affirmed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**THE FOLLOWING MUST BE SUBMITTED WITH THIS DOCUMENT:**

- 1. Oklahoma State Board of Pharmacy Application & Fee