

<b>WHOLESALE DISTRIBUTOR CHANGE OF RESPONSIBLE PERSON NOTICE</b>	<b>FORM # 0604</b>
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- ❶ Complete the form then, by hand, enter your SSN, sign, and date.
- TYPE OR PRINT LEGIBLY**
- ❷ Make a copy for your file.
- ❸ Mail or fax the original to the Board office.

*Any change of responsible person must be reported within 30 days.*

**-- THIS SIGNED FORM MUST BE RECEIVED IN THE BOARD OFFICE BEFORE NOTIFICATION IS OFFICIAL --**

Wholesale Distributor Name:		License Identification Number: <b>01-</b>
Street Address, City, State, Zip Code:		
Area Code / Telephone Number:	Area Code / Fax Number:	E-mail Address: <i>(Do NOT return this form by e-mail)</i>

Section 4729.53(A) of the Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

Full Name of New Responsible Person:		Effective Date:
Title:	Date Of Birth: <i>[mm/dd/yyyy]</i>	Social Security Number (SSN):

- YES      NO** Do you, as the person accepting responsibility by signing this form, have charges pending or have you ever had a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?
- YES      NO** Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?
- YES      NO** If YES to either above, has the explanation of charges already been filed with the Board?  
 (If NO to this question, explain in detail; listing names and addresses of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

***I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Sections 4729.51 to 4729.61 of the Ohio Revised Code.***

<i>SIGNATURE</i> of New Responsible Person	<i>DATE SIGNED</i>
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