



Terminal Distributor or Drug Distributor Application or Renewal Attestation Form

To be used by Terminal Distributor or Drug Distributor applicants ONLY.*

Part 1 – Applicant Information - *To be completed by the applicant (person who may legally sign for the business).*

First Name	Last Name
Date of Birth	Social Security Number
Applicant Business Name	

Part 2 – Attestation by Applicant - *To be completed by the applicant (person who may legally sign for the business). Must be manually signed in ink.*

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE ANSWERS PROVIDED ON THIS FORM AND IN THE ONLINE APPLICATION SUBMITTED TO THE STATE BOARD OF PHARMACY ARE TRUE, CORRECT, AND COMPLETE.	
Signature of Applicant	Date Signed
Print Applicant Name	

***The term "Drug Distributor" includes the following license types: Wholesale Distributors of Dangerous Drugs, Manufacturers of Dangerous Drugs, Outsourcing Facilities, Repackagers of Dangerous Drugs, Third-Party Logistics Providers, Brokers and Virtual Wholesale Distributors of Dangerous Drugs.**

Terminal Distributor or Drug Distributor Attestation Form (Rev. 3/26/2018)

77 South High Street, 17th Floor, Columbus, Ohio 43215

