



Medical Gas Statement

To Be Completed by the Responsible Person for a Limited Terminal Distributor of Dangerous Drugs License as a Manufacturer using Medical Grade Gases for Process Use Only

Part 1 – Responsible Person Information - *To be completed by the applicant's Responsible Person.*

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|-------------------------------|------------------------------|
| Responsible Person First Name | Responsible Person Last Name |
| Date of Birth | Social Security Number |
| Applicant Business Name | |

Part 2 – Dangerous Drugs On-Site - *To be completed by the applicant's Responsible Person.*

I certify that the only dangerous drugs (i.e. prescription drugs) to be purchased/acquired, stored and used at this location under this TDDD license are listed in the box below.



Part 3 – Attestation by Responsible Person - *To be completed by the applicant's Responsible Person. 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.**

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| Signature of Applicant's Responsible Person | Date Signed |
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| Print Name of Responsible Person |
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