



Responsible Person Application and Renewal Attestation Form

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

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

Part 2 – 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.	
Signature of Applicant's Responsible Person	Date Signed
Print Name of Responsible Person	

Responsible Person Attestation Form (Rev. 3/26/2018)

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

