



Statement to Be Completed by the Person Who Is Signing as Responsible Person for a Terminal Distributor of Dangerous Drug (TDDD) Limited License as a Retail Seller of Medical Oxygen

PLEASE CHECK THE ONE THAT APPLIES:

I certify that the only prescription drug to be purchased/acquired, stored and used at this location under this terminal distributor license is medical oxygen.

I certify that no prescription drugs are to be purchased/acquired, stored and used at this location under this terminal distributor license for medical oxygen. This license is for billing purposes only.

NAME the applicant will be DOING BUSINESS AS (i.e., reflected by signage/how will you answer phone)

Street Address, City, State, Zip Code (No P.O. Box)

Print Name of Responsible Person

Signature of Responsible Person

Date

Document must be notarized:

Sworn to and signed before me this date:

(Date)

(Signature of Notary)

[SEAL]

