



## **Designated Representative Application and Renewal** **Attestation Form**

This form must be submitted with an application or license renewal in the [eLicense system](#).

**Part 1 – Designated Representative Information** - To be completed by the applicant's Designated Representative.

<b>Designated Representative First Name</b>	<b>Designated Representative Last Name</b>
<b>Year of Birth (YYYY)</b>	<b>Last Four Digits SSN</b>
<b>Applicant Business Name</b>	

**Part 2 – Attestation by Designated Representative** - To be completed by the applicant's Designated Representative.

I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921., 4729. AND 4752. 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.**

<b>Signature of Applicant's Designated Representative</b>	<b>Date Signed</b>
<b>Print Name of Designated Representative</b>	

