



Responsible Person Application and Renewal Attestation Form

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

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

RP First Name	RP Last Name
RP Social Security Number	RP Date of Birth
RP License Number	RP License Type (if applicable)
Applicant Business Name	RP Job Title
Business Application/License Number	Business License Type

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

