



### 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 – Application or License Information**

Application or License Number of Business
Applicant or Licensee Business Name
Business Address – Street, City, State, and Zip Code

#### **Part 2 – Dangerous Drugs On-Site**

*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 (check all that apply):*

Medical Oxygen       Nitrous Oxide       Nitrogen

#### **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 <b>TRUE, CORRECT, AND COMPLETE.</b>	
Signature of Applicant's Responsible Person	Date Signed
Print Name of Responsible Person	

*Medical Gas Statement (Rev. 7/25/2018)*

