



## **Responsible Person Application and Renewal Attestation Form**

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

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

<b>Responsible Person First Name</b>	<b>Responsible Person Last Name</b>
<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Applicant Business Name</b>	

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

