



Home Medical Equipment License/Registration Application or Renewal Attestation Form

To be used by Home Medical Equipment applicants ONLY. This form must be submitted with an application or license renewal in the [eLicense system](#).

Part 1 – Applicant Information - *To be completed by the applicant (person who may legally sign for the business).*

First Name	Last Name
Year of Birth (YYYY)	Last Four Digits SSN
Applicant Business Name	

Part 2 – Attestation by Applicant - *To be completed by the applicant (person who may legally sign for the business).*

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.	
Signature of Applicant	Date Signed
Print Applicant Name	

