



## **Terminal Distributor or Drug Distributor Application or Renewal Attestation Form**

*To be used by Terminal Distributor or Drug Distributor\* applicants ONLY. This form must be submitted with an application or license renewal in the [eLicensing system](#).*

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

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

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

<b>Signature of Applicant</b>	<b>Date Signed</b>
<b>Print Applicant Name</b>	

**\*The term "Drug Distributor" includes the following license types: Wholesale Distributors of Dangerous Drugs, Manufacturers of Dangerous Drugs, Outsourcing Facilities, Repackagers of Dangerous Drugs, Third-Party Logistics Providers, Brokers and Virtual Wholesale Distributors of Dangerous Drugs.**

