



Distributor of Dangerous Drugs Officer/Owner/RP Criminal Records Check Form

Submit this form with your application as part of the [eLicensing system](#). It must be submitted as a single PDF document.

For publicly traded corporations: The Board may approve an alternate list of corporate officers that are required to submit a criminal records check if the corporation submits a request to new.license@pharmacy.ohio.gov and includes the organizational structure of the corporation, including all corporate officer positions responsible for directing the distribution of dangerous drugs.

Name of Business

Please provide the full **legal** name (no nicknames), title and last four digits SSN of the officers/owners and responsible person.

First Name	Last Name	Title	Last Four Digits SSN

Duplicate this form as necessary.

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