Responsible Person Application and Renewal Attestation Form

Updated 2/4/2025

Instructions:

- This form must be submitted with an application or license renewal in the eLicense Ohio system.
- To be used by a terminal distributor of dangerous drugs or drug distributor (manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs and wholesale distributor of dangerous drugs.

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988 SUICIDE & CRISIS LIFELINE Ohio

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services

Responsible Person Application and Renewal Attestation Form

Instructions: *This form must be submitted with an application or license renewal in the eLicense Ohio system.*

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

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

Part 2 – Attestation by Responsible Person - *To be completed by the applicant's Responsible Person (RP). The RP may sign using a digital or wet ink signature.*

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.**	
Signature of Applicant's Responsible Person	**Date Signed**
Print Name of Responsible Person	