

For Office Use Only
P _____
Penalty \$ _____

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
(205) 981-2280 Fax: (205) 981-2330
www.albop.com

Permit # _____

2017/2018 RETAIL MEDICAL OXYGEN SUPPLIER RENEWAL APPLICATION

Renewal Permit Fee: \$250 (Due by 10/31/16 renews through 12-31-2018)

Late Penalty \$25 for each month past due

Change in Name, Ownership or Address Fee is \$400-If you have an address change you must have an inspection before you resume business.

NAME/ADDRESS	If information has changed enter corrections below. Please Type or Print.
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Phone# _____ Fax # _____ Cell # _____ County _____

E-mail _____ If email has changed PRINT new email _____

Name of owner(s): (If corporation, attach list of officers) _____

FEIN # _____ (Required in the event of reporting to HIPDB) If changed, enter new FEIN _____

All other trade or business names ("dba" names) used by same corporation _____

Compliance Officer _____

"If the employment of the person designated above is terminated or if for any other reason that person is relieved of his/her duties, the permit holder shall notify the board in writing within ten (10) days after such event and shall, additionally, notify the Board of the name of the new person to be designated as responsible for compliance."

Give hours of operation: Monday-Friday _____ Saturday _____ Sunday _____

SINCE LAST RENEWAL:	
Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor excluding minor traffic convictions?	YES NO
If yes, explain _____	
Has applicant or any officer or partner of applicant owned a pharmacy, manufacturer, wholesaler or distributor?	YES NO
If yes, give state(s) and status _____	
Are you currently registered or permitted in any other state(s)?	YES NO
If yes, please list state(s) (including AL) _____	
Has applicant, officer, member or partner been denied or refused an application for a medical oxygen supplier or similar type of permit?	YES NO
If yes, give state(s) and status _____	
Has applicant or any officer or partner of applicant been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor?	YES NO
If yes, give state(s) and status _____	
Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant or any officer or partner of the applicant involving the operation or ownership of a pharmacy, manufacturer, wholesaler or distributor?	YES NO
If yes, give state(s) and status of the license _____	
Has the applicant or any officer, member or partner of the applicant been issued a license to practice pharmacy?	YES NO
If yes, give state(s) and status of the license? _____	
Has the license been sanctioned or subject to discipline?	YES NO
If yes, explain _____	

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Practice Act, the Rules of the Board and all other applicable statutes, and rules.

Signed _____ (Officer, give title) _____ Date _____ **Are you a US Citizen? YES NO**

If **NO**, submit documentation of legal status in this country.

Subscribed and sworn to before me this _____ day of _____ 20_____ A.D.

Notary Public (seal)

APPLICATION MUST BE NOTARIZED

 **FOR APPLICANTS LOCATED OUTSIDE OF ALABAMA, SEND A COPY OF THE RESIDENT STATE LICENSE. Registration with the Alabama Secretary of State is required. Go to www.sos.alabama.gov for further information.**