

Permit # \_\_\_\_\_

**Alabama State Board of Pharmacy**

111 Village Street  
Birmingham, AL 35242  
(205) 981-2280  
www.albop.com

**2019/2020 RETAIL MEDICAL OXYGEN SUPPLIER  
REINSTATEMENT OR CHANGE OF OWNERSHIP, NAME OR ADDRESS APPLICATION  
Renewal Permit Fee: \$250**

**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 NPDB) 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 \_\_\_\_\_

<b>SINCE LAST RENEWAL:</b>	
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 _____	
Has any final judgment been entered or settlement reached resulting from a claim or action for damages caused by any error, omission or negligence in the performance of any pharmacy or pharmaceutical professional services?	YES NO

**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