For Office Use Only

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

For Office Use Only

Permit # _____
Inspector _____
Date _____
Approved _____
Payment _____

2015/2016 RETAIL MEDICAL OXYGEN SUPPLIER
NEW PERMIT APPLICATION
(Valid through 12-31-2016)
Permit Fee: $400.00

"Any person, company, agency, business, or entity of any kind which sells or provides medical oxygen directly or indirectly to patients or consumers and which bill the patient or consumer or their insurance, Medicare, Medicaid or other third party payor for the sale or providing of medical oxygen must obtain a Retail Medical Oxygen Supplier Permit from the Alabama State Board of Pharmacy."

Give date you plan to open _____Give date ready for inspection_____

"Alabama has adopted the 2009 International Fire Code as minimum standard for the Fire Code in Alabama. Requirements for the storage of compressed gases are covered in Chapters 27, 30, and 40. You must submit a letter or certified document from the State Fire Marshall or from a Fire Prevention Division in your area stating you meet all requirements for storage of medical oxygen, before a permit is issued."

Name_____FEIN_____

Address_____

City_____State_____Zip_____County_____

Phone #( )_____Fax #( )_____ Cell #( )_____

E-mail Address_____

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

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 ever owned a pharmacy, manufacturer, wholesaler or distributor? YES NO

If yes, give states and status _____

Are you currently registered or permitted in any other state? YES NO

If yes, please list states (including AL)_____

Has applicant, officer, member or partner ever been denied or refused an application for a medical oxygen supplier or similar type of permit? YES NO

If yes, give states and status_____

Has applicant or any officer or partner of applicant ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor? YES NO

If yes, give states and status _____

Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant or any 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 states and status of the license_____

Has the applicant or any officer, member or partner of the applicant ever been issued a license to practice pharmacy? YES NO

If yes, give states and status of the license_____

Has the license ever 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_____ Date _____ **Are you a US Citizen? YES NO**
If NO, submit documentation of legal status in this country.

Print Name _____ Title_____ Applicant's SS # _____
Required by Code of Alabama 1975 § 30-3-194 (a)

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

APPLICATION MUST BE NOTARIZED _____Notary Public (seal)

***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.state.us for further information.