Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242

RENEWAL STATEMENT

Business Name: _____ AL Permit # _____

Address: _____

_____

This company's retail medical oxygen permit became invalid as of 12-31-14. We need a written statement from the owner or officer as to whether or not there has been oxygen dispensed from this location since the registration became invalid. You must reply on this form below. Please sign, date and return to the address above. Statement must be notarized.

Sincerely,

Diane Decker
Licensing Manager

_____
_____
_____
_____
_____
_____
_____

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.

_____ _____
Owner or Officer Signature Date

Subscribed and sworn to before me this _____day of _____20__

_____
Notary Public (Seal)