



APPLICATION FOR REGISTRATION  
SCHEDULE II PRECURSOR

(Expires December 31 Annually)

**APPLICATION REQUIREMENTS:**

- ☐ **\$105.00 application or owner/location change fee.** All fees are nonrefundable.
- ☐ **Copy of active DEA registration**
- ☐ **If you answer "YES" to any disciplinary action questions,** including pending disciplinary actions, all notices, citations, etc. and fully executed Board orders must be provided along with a detailed explanation.
- \*Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 6 months from applicant signature will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

**Mail completed application and all required documentation to:**

Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland OR 97232

**Questions? Contact us:**

Telephone: (971) 673-0001  
[www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy)  
[pharmacy.licensing@bop.oregon.gov](mailto:pharmacy.licensing@bop.oregon.gov)

Please read the following instructions for applicants for registration as a Schedule II Precursor Drug Outlet.

1. Oregon Revised Statutes [Chapter 475](#) contains additional information and requirements regarding the Schedule II Precursor registration.
2. We will process your registration when we have received all required paperwork and fee(s).
3. Each company or location address, even if under common ownership, must submit a separate application for registration.
4. You must pay a registration fee for each application for **a New Registration, an Ownership Change or a Location Change**. The Board can only accept payment by check or money order. **All fees are nonrefundable.**

Examples of a required ownership change application include but are not limited to: corporate restructure; LLC to a Corporation, Corporation to LLC; acquisition of assets; or additions or deletions of an owner. An ownership change requires submission of a copy of the sales agreement or other documentation that verifies proof of new ownership.

If you are completing these forms to report a **Name Change** only, you do not pay a fee.

5. **You must submit a copy of your DEA registration along with your application.**
6. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: [https://www.oregon.gov/pharmacy/pages/laws\\_rules.aspx#OREGON LAWS & RULES](https://www.oregon.gov/pharmacy/pages/laws_rules.aspx#OREGON LAWS & RULES). You may purchase a set for \$25 (check the box on the application if you wish to purchase one or more sets).

Your registration is to be in your possession PRIOR to dispensing drug products in Oregon.

Schedule II Precursor Drug Outlets expire December annually and fees are not prorated. Renewal notices will be mailed out early November.



## APPLICATION FOR REGISTRATION

## SCHEDULE II PRECURSOR DRUG OUTLET

(Expires March 31 Annually)  
 Oregon Board of Pharmacy  
 800 NE Oregon Street, Suite 150  
 Portland OR 97232  
[Pharmacy.Licensing@bop.oregon.gov](mailto:Pharmacy.Licensing@bop.oregon.gov)



FOR BOARD USE ONLY

[0320] \$ 105.00

[0326] \$ 25.00

RECEIPT # \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 ENTERED BY \_\_\_\_\_  
 PERSON ID # \_\_\_\_\_  
 APPLICANT ID # \_\_\_\_\_

**Please check all that apply:**

- ☐ **Schedule II Precursor**  
☐ **Laws & Rules per set, please indicate quantity \_\_\_\_\_**

Fee: \$ 105.00

Fee: \$ 25.00

**TOTAL ENCLOSED: \_\_\_\_\_**  
**ALL FEES ARE NONREFUNDABLE**

**Type of Application – Check all that apply:**

- ☐ **New Facility Application - Start / Effective Date: \_\_\_\_\_**
- ☐ **Change of Ownership or Location Change – Effective Date of Change: \_\_\_\_\_**  
 A change of ownership or location **requires** the submission of a new application and registration fee **within 15 days**.  
**Registration Number: \_\_\_\_\_**
- ☐ **Legal documentation of the change in ownership or control, for example, a stock purchase agreement and/or and executed contract for sale, etc.**
- ☐ **Registration Reinstatement (Registration has been lapsed for a period of one year or more)**  
**Registration Number: \_\_\_\_\_**
- ☐ **Name Change Only (No fee required)**  
**Registration Number: \_\_\_\_\_**

**Please PRINT or TYPE****WARNING:** ORS 689.405(1) The furnishing of false information is grounds to deny registration.

Trade or Business Name (DBA): \_\_\_\_\_

Full Legal / Owner Name: \_\_\_\_\_

Federal Tax ID # or Owner SSN: \_\_\_\_\_

Physical Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX # \_\_\_\_\_

Registration &amp; Renewal Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Licensing Contact Person: \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Licensing Contact Person E-mail Address: \_\_\_\_\_

Hours / Days Establishment is open: \_\_\_\_\_ AM to \_\_\_\_\_ PM \_\_\_\_\_ Through \_\_\_\_\_

Check the Schedule II controlled substance precursors you are registering to distribute or possess:

☐ Anthranilic Acid ☐ Ephedrine ☐ Lead Acetate ☐ Methlamide ☐ Methylformamide

☐ Phenylacetic Acid ☐ Pseudoephedrine ☐ Other: \_\_\_\_\_

**Please answer all of the following:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Has disciplinary action been taken, or is any such action currently pending or proposed against any of the persons or establishments listed on this application, by any State or Federal Authority in connection with a violation of any federal or state drug law or regulation?<br><br>If "yes", attach a detailed explanation of the incident and describe any penalty incurred. You must provide a copy of all documents pertaining to discipline. This includes Notice of Disciplinary Actions, Board Orders and other related documents. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is this facility a small business? A small business is defined as a corporation, partnership, sole proprietorship or legal entity, which is independently owned and operated from all other businesses and which has 50 or fewer employees?                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you currently registered to manufacture, distribute, or otherwise handle the controlled substances in the schedule for which you are applying under the laws of the Federal Government?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have any of the persons or establishments listed on this application been convicted of a felony in connection with controlled substances under state or federal law                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If the applicant is a corporation, association or partnership, has any officer, partner or stockholder been convicted of a felony in connection with controlled substances under state or federal law?                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have any of the persons or establishments listed on this application ever surrendered a previous Federal Controlled Substances Registration (FCSA) or had a FCSA Registration revoked, suspended or denied?                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. If the applicant is a corporation, association, or partnership, has any officer, partner, or stockholder surrendered a FCSA Registration or had a FCSA Registration revoked, suspended or denied?                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p style="text-align: center;"><b>IF THE ANSWER IS YES TO ANY OF QUESTIONS 3 THROUGH 7,<br/>YOU MUST ATTACH A LETTER SETTING FORTH THE CIRCUMSTANCES.</b></p>                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| <p style="text-align: center;"><b>CURRENT FEDERAL REGISTRATION NUMBER _____</b><br/>(You must submit a copy of your DEA registration along with this application.)</p>                                                                                                                                                                                                                                                                                                                                                                            |                                                          |

## Ownership Information

Type of Ownership:

- ☐ Publicly Held Corporation    ☐ Corporation    ☐ Limited Liability Company    ☐ Sole Proprietorship
- ☐ Partnership – Including Limited Liability Partnership and Limited Partnership    ☐ Charitable Organization
- ☐ Government / Educational Institution

**Owner Name** \_\_\_\_\_

**Parent Company Name (If owned by another entity)** \_\_\_\_\_

Complete the information below for all owners. You must include at least one of the following: CEO, President, Owner, or Members of LLC and Registered Agent. If a corporation, include the names of the corporate officers and the names of the stockholders who own the five largest interests.

- 1.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_
  
- 2.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_
  
- 3.**    Name \_\_\_\_\_  
         Title \_\_\_\_\_  
         SSN/Federal Tax ID \_\_\_\_\_  
         Address \_\_\_\_\_  
         City, State, Zip \_\_\_\_\_  
         Phone Number \_\_\_\_\_  
         Email Address \_\_\_\_\_

| FINAL CHECKLIST:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                                                                                                                 | Appropriate Fee Included?                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> \$105.00 application or owner/location change fee<br><br><b>Total Fee Enclosed:</b> _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2.                                                                                                                 | Required Documentation* – an application is incomplete if all requested documentation is not provided.<br><br>*Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 6 months from applicant signature will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees. |
| A.                                                                                                                 | <input type="checkbox"/> If you answer “YES” to any disciplinary questions; disciplinary actions, pending disciplinary actions, and fully executed Board orders must be provided along with a detailed explanation.                                                                                                                                                                                                                                                                   |
| B.                                                                                                                 | <input type="checkbox"/> Copy of active DEA registration                                                                                                                                                                                                                                                                                                                                                                                                                              |
| C.                                                                                                                 | <input type="checkbox"/> All signatures                                                                                                                                                                                                                                                                                                                                                                                                                                               |

The undersigned hereby states that all the information contained in this application for registration is complete, true and correct, that they have read and are familiar with the applicable laws and rules of the Oregon Board of Pharmacy, and that such provisions of the law will be faithfully observed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Partner, Etc.)

\_\_\_\_\_  
Date

ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE  
PURSUANT TO ORS 30.701(5)