

OBNDD ADDRESS/NAME CHANGE REQUEST



This form can be used to notify the OBND of a change of name and/or address. If you are an individual registrant and are changing your name, please include a copy of the name changing document (*i.e. marriage license, divorce decree page, court order, etc.*). Complete the form below in its entirety. Failure to provide the requested information may result in a delay in processing your request. Once completed, sign the form, make a copy for your records, and send this form:

By Mail: OBND, Attn. Registration, 440 NE 39th St., Oklahoma City, OK 73105

By Fax: 405.524.7619, Attn. Registration

OBND Registration Number and Expiration date:

DEA Registration Number and Expiration date:

NCPDP NUMBER (*applies to pharmacies only*): _____

Information displayed on your current OBND registration certificate:

Individual Name: _____

Business Name: _____

New Name (*if applicable*): _____

Business Name: _____

New Business Address (*Do not use a PO Box unless accompanied by a street address*):

New Telephone #: _____

New Fax #: _____

Current email address (*used for official OBND business only*):

Printed Name: _____ Signature: _____