



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | info@bop.idaho.gov

Attach photo
Here
Passport quality, no
scanned/photo copies
will be accepted

Oath

I _____, the undersigned, am the Designated Representative of _____ and swear this oath or make this affirmation or declaration on my own behalf, and do hereby swear or affirm that the information contained in this Personal Information Statement is true and correct (there are _____pages included in this application).

Signature of Designated Representative

Date

State of _____)

County of _____)

I _____, a notary public, do hereby certify that on this _____ day of _____, 20____, personally appeared before me (name) _____, who, being by me first duly placed under oath, swore or affirmed that (he/she) is the Designated Representative of (company) _____, that he/she signed the foregoing Designated Representative Personal Information Sheet and that the information contained in said application is true and correct.

Notary Public

My commission expires on _____, 20____.

SEAL