



# Idaho State Board of Pharmacy

3380 Americana Terrace #320  
208/334-2356

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Boise ID 83720-0067  
208/334-3536 Fax

## DURABLE MEDICAL EQUIPMENT REGISTRATION RENEWAL 2010

Renewal Fee: \$50 - Postmarked after 6/30/2010 - \$75

REGISTRATION NUMBER \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP+4 \_\_\_\_\_ + \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_ + \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

OWNER \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

*If this facility has had a name, address or ownership change you must complete a new application and supply the required documentation. Applications are available at <http://idaho.gov/bop>*

*I certify the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature of contact person

\_\_\_\_\_  
Date