

Owner or Corporate Officer Attestation

ONLY use this form if you are completing an online Discontinuance Form

The **owner** or **corporate officer** of a New York State resident or non-resident establishment must file an online **Discontinuance Form** to notify the New York State Board of Pharmacy that it is no longer operational in New York State.

Instructions: All information provided within this form must match the information currently on file with the New York State Board of Pharmacy. This form must be signed by the individual on record as the registered establishment's owner or corporate officer.

Registered Establishment's Information (from online Discontinuance Form)

New York State Registration Number _____

Legal Name of Registered Establishment _____

Type of establishment: Pharmacy
 Manufacturer
 Repacker
 Wholesaler
 Outsourcing Facility

Attestation - To be completed by owner or corporate officer

I declare and affirm that the statements made in the online Discontinuance Form regarding the above mentioned establishment, including any accompanying documents, are true, complete and correct. I further acknowledge that I am aware that, pursuant to Penal Law §175.30, a person who knowingly offers a false instrument for filing to a public office or a public servant is guilty of Offering a False Instrument for Filing in the 2nd Degree, a Class A Misdemeanor. I understand that any false or misleading information within, or in connection with, the online Discontinuance Form regarding the above mentioned establishment may result in criminal prosecution.

Owner or Corporate Officer Signature _____

Date _____

Print Name _____

Title _____

Telephone number _____

Email _____

Form Submission

Once completed, upload this form as an attachment to the establishment's online Discontinuance Form.

The establishment's original registration certificate(s) must be mailed to the Department at the address below. **Photocopies of registration certificate(s) will not be accepted.**

New York State Education Department
Office of the Professions
State Board of Pharmacy
89 Washington Avenue, 2nd Floor West
Albany, New York 12234-1000