

**Oregon Department of Consumer and Business Services  
Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881  
Mailing address: P.O. Box 14480, Salem, OR 97309-0405  
503-378-4140 • Fax: 503-947-7862  
<http://dfr.oregon.gov>



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**PHARMACEUTICAL SALES REPRESENTATIVE LICENSING RENEWAL APPLICATION**  
ORS Chapter 593; OAR 836-200

Applicants can complete their renewal application online at NIPR.com. Do not file this paper renewal application if you have filed the renewal application online. For instructions on completing an application online, go to <https://dfr.oregon.gov/business/licensing/pharmaceutical-rep/Pages/pharmaceutical-rep.aspx> and select “Instructions to NIPR Online Renewal Application.”

**A renewal fee of \$750 must be included with the completed application.**

1. Name of licensee: \_\_\_\_\_
2. National producer number: \_\_\_\_\_
3. Residential address (P.O. Box number not acceptable): \_\_\_\_\_  
City, state, ZIP: \_\_\_\_\_  
Residential phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cellphone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Personal email: \_\_\_\_\_
4. Business address: \_\_\_\_\_  
City, state, ZIP: \_\_\_\_\_  
Business phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Business email: \_\_\_\_\_
5. Authorized submitter or compliance person (optional): \_\_\_\_\_
6. Describe the business activities in which you will be engaging:  
  
\_\_\_\_\_

7. Please attach documentation showing proof of completion of five hours of continuing education. This information should also be uploaded to NIPR by the education provider.

Continued on page 2...

I certify that the information contained in this application is current and correct.

Name (type or print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Secure fax for credit card payments:  
503-947-2333**

If paying by credit card, applicant must sign  
credit-card information box.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: _____
Cardholder signature		\$	Amount
Name of cardholder as shown on credit card			
Credit card number		Expiration date	

**Make check or money order payable to the Department of  
Consumer and Business Services. Mail application with  
payment to:**

DCBS — Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0445

**Fiscal use only: 92102/93000/1007**

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