**Oregon Department of Consumer and Business Services**
Division of Financial Regulation
350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7982 • Fax: 503-947-7862
Email: orinsreg.ins@dcbs.oregon.gov
dfr.oregon.gov

# Voluntary Surrender of Oregon Pharmacy Benefit Manager (PBM) License

Name of licensee: _____

FEIN number: _____

Voluntary surrender effective date (Cannot be back dated): _____

☐ Surrender PBM license:

Reason for voluntary surrender of PBM license:

Licensee signature: _____ Date: _____

(Business license surrenders must be signed by an owner/officer of the company.)

No fee required.
Forms may be faxed or emailed. See above for information.

DFR | Division of Financial Regulation
Department of Consumer and Business Services



440-5054 (1/22/COM)