

**Oregon Department of Consumer and Business Services**

Division of Financial Regulation

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## **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.



Department of Consumer  
and Business Services

440-6151 (12/25/COM)