**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

# PHARMACEUTICAL SALES REPRESENTATIVE LICENSING INITIAL 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 Initial Application."

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

1. Name of licensee: _____
2. Social Security 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.

| | |
|---|---|
| ☐ Visa ☐ MasterCard ☐ 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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