

- Complete this form upon closure of a Non-Resident Pharmacy (OSP) or Out-of-State Wholesaler (WHO).
- Return the completed form and any required documentation to Division of Registrations, Office of Licensing—Pharmacy, 1560 Broadway, Suite 1350, Denver, Colorado, 80202. No fee is required.
- **AFTER THE PHARMACY OR WHOLESALER IS CLOSED, THE REGISTRATION IS VOID.**

**PHARMACY/WHOLESALER INFORMATION**

<b>Pharmacy or Wholesaler Name:</b>		<b>Colorado Registration Number:</b>	<input type="checkbox"/> OSP <input type="checkbox"/> WHO
<b>Date of Closure:</b>		<b>Daytime Telephone Number:</b> (     )	
<b>Pharmacy or Wholesaler Physical Address:</b>	Street: City, State, Zip:		

**ATTESTATION**

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this Notification of Closure is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature**

(OSP: Last pharmacist manager of record; WHO: Last designated representative of record)

\_\_\_\_\_  
**Date**