



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

Durable Medical Equipment (DME)/Compressed Medical Gas Supplier

The following application is intended for resident and non-resident Durable Medical Equipment (DME)/Compressed Medical Gas (CMG) Suppliers. It should be used for new DME/CMG Suppliers, DME/CMG Suppliers that are relocating to a new state, or DME/CMG Suppliers with changes in ownership of 30% or more. If your business is moving, but remaining in the same state, please complete and submit the relocation application.

The Board allows permit applications to be submitted by mail or online. If you wish to apply online, please visit our [website](#).

Resident DME/CMG Supplier Permit

Resident DME/CMG Supplier Permit Applicants must submit:

1. A complete Compressed Medical Gas Supplier/DME Permit Application;
2. Documentation of compliance with local zoning laws;
3. A list of officers or partners, if applicable;
4. A list of similar businesses, if applicable;
5. Disciplinary Orders, if applicable;
6. Denial Letters, if applicable;
7. \$100.00 application fee. If you submit a paper application, you must pay the application fee by check or money order. If you wish to pay by debit or credit card, you must apply online. Application fees are NONREFUNDABLE.

Non-Resident DME/CMG Supplier Permit

Non-Resident DME/CMG Supplier Permit Applicants must submit:

1. A complete Compressed Medical Gas Supplier/DME Permit Application;
2. Copy of home state permit;
3. A list of officers or partners, if applicable;
4. A list of similar businesses, if applicable;
5. Disciplinary Orders, if applicable;
6. Denial Letters, if applicable;
7. \$100.00 application fee. If you submit a paper application, you must pay the application fee by check or money order. If you wish to pay by debit or credit card, you must apply online. Application fees are NONREFUNDABLE.

Within 60 days of receipt, staff reviews each CMG Supplier/DME permit application for completeness. If an application is incomplete, staff sends an email detailing the missing items to the email address listed in the business information section of the application.

When an application is complete, staff opens and mails the permit to the mailing address provided on the application.

Applications that remain incomplete for more than 90 days are closed.



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

Telephone: 602-771-2727 Fax: 602-771-2749

FOR AGENCY USE ONLY									
License No.		Fee		Check #		Check Date		Receipt #	
Effective Date		Expiration Date							

Application for Compressed Medical Gas Supplier/Durable Medical Equipment Permit

You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

Physical Location (Please Choose One)

Resident Non-Resident

Secondary Type (Please Choose One)

Gas Supplier/DME Gas Supplier DME

Applicable Rules and Statutes

Please familiarize yourself with the statutes and rules listed below. The statutes and rules are available for review on the Board's [website](#).

Statutes

A.R.S. § 32-1927.02, 1929, 1930, 1931, 1933, 1939

Rules

A.A.C R4-23-601, 602, 693 (Supplier/DME only)

I have read and understand the statutes and rules.

Business Information

- Business Name _____
- Street Address _____ Suite No. _____
City _____ County _____ State _____ Zip _____
- Mailing Address Check if mailing address is the same as above.
Street Address _____
City _____ County _____ State _____ Zip _____
- Phone Number _____ Ext. _____ 5. Fax Number _____
- Email Address _____

Ownership Information

- Name of Owner _____
- Phone Number _____ Ext. _____ 9. Fax Number _____

10. Is this entity a corporation or partnership with officers or partners? Yes No

If yes, provide the name, title and address of each officer or partner. You may enter this information here or attach a list.

Name_____	Title_____	Name_____	Title_____
Address_____		Address_____	
City_____	State_____	Zip_____	
City_____	State_____	Zip_____	

11. Is this application being submitted because of a change in ownership? If yes, indicate the former owner's name, AZ permit number, and permit name. Yes No

Former Owner (Full Name)_____ Permit Number_____

Permit Name_____

Other Business Information

12. Indicate the date your business opened or will open_____

13. Has this entity ever operated under any other trade or business names? Yes No

If yes, indicate the trade or business names used_____

14. Has this entity ever operated a similar business in any other state or jurisdiction? Yes No

If yes, provide the name and location of each similar business. You may enter this information here or attach a list.

Name_____	Name_____
Address_____	Address_____
City_____	State_____
Zip_____	City_____
	State_____
	Zip_____

Regulatory Questions

15. Has the owner, any officer or active partner, ever been convicted of an offense involving moral turpitude, a felony offense, or any drug-related offense or have any currently pending felony or drug-related charges? If yes, attach full details, which must include the charge, conviction date, jurisdiction and location. Yes No

16. Has any formal disciplinary action ever been taken against any of the permits held by this business at either a state or federal level? If yes, attach full details, which must include the nature and date of each action and the state or jurisdiction involved. You must also provide copies of the orders relating to each disciplinary action. Yes No

17. Are there any disciplinary actions or sanctions pending against any of the permits held by this business at either a state or federal level? If yes, attach full details.

Yes No

18. Has the owner, any officer or active partner ever been denied a permit in this state or any other jurisdiction? If yes, attach full details, which must include the state or jurisdiction and the date of the denial. You must also provide a copy of the Order or letter of denial.

Yes No

Designated Representative Information

19. Name of manager or responsible person _____
Email Address _____
Emergency Phone Number _____ Ext. _____
Address _____
City _____ County _____ State _____ Zip _____

Affirmation

I declare under penalty of perjury under the laws of the state of Arizona that the information I have provided in this application is true and correct to the best of my knowledge.

Signature

Date

Please be advised of the following pursuant to Arizona Revised Statutes (A.R.S.) § 41-1030:

A.R.S. § 41-1030 (B)	An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
A.R.S. § 41-1030 (D)	This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
A.R.S. § 41-1030 (E)	A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
A.R.S. § 41-1030 (F)	This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.