



# Oklahoma State Bureau of Narcotics and Dangerous Drugs Control

## Voluntary Surrender of OBNDD Registration Form

### REGISTRANT INFORMATION

Registrant Name (Business Name): \_\_\_\_\_

OBNDD Registration No. \_\_\_\_\_

Current Registered Address: \_\_\_\_\_

Individual Submitting Surrender: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office/Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am of lawful age and sound mind, free from any influence, force, threat, or coercion, and have been fully advised of my rights.

\_\_\_\_\_  
(Initial)

I am the registrant, an authorized representative, or legal counsel of the registrant.

\_\_\_\_\_  
(Initial)

I take this voluntary action in lieu of any further administrative actions for any alleged failure to comply with Oklahoma law or the rules and regulations of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control and to remedy any incorrect or unlawful practices.

\_\_\_\_\_  
(Initial)

I voluntarily release any claim to all controlled dangerous substances currently possessed under the authority of the OBNDD registration.

\_\_\_\_\_  
(Initial)

I understand that all controlled dangerous substances will be summarily forfeited to the State or otherwise submitted for destruction and that no one will receive payment for them.

\_\_\_\_\_  
(Initial)

I authorize the Registration Division of OBNDD, or other designee, to inactivate the OBNDD registration above without an administrative hearing and waive any right to any further proceedings pursuant to 63 O.S. § 2-305 or other civil proceeding.

\_\_\_\_\_  
(Initial)

I agree to hold OBNDD harmless for any damages that may result from this surrender.

\_\_\_\_\_  
(Initial)

I understand that the registrant will not be permitted to perform any restricted activity under the Uniform Controlled Dangerous Substances Act unless and until the registrant becomes actively registered again.

\_\_\_\_\_  
(Initial)

I hereby waive a refund of any payments submitted on behalf of the registrant in connection with OBNDD registration.

\_\_\_\_\_  
(Initial)

I certify that I am authorized to execute this document on behalf of the registrant.

\_\_\_\_\_  
(Initial)

## **SUBMISSION**

This Voluntary Surrender of OBNDD Registration Form may be submitted in person, by mail, or email to the Bureau's principal place of business at the following address:

Oklahoma Bureau of Narcotics  
Attn: Registration Division  
419 NE 38<sup>th</sup> Terrace  
Oklahoma City, OK 73105  
[surrenders@obn.ok.gov](mailto:surrenders@obn.ok.gov)

This Voluntary Surrender of OBNDD Registration Form may also be submitted to any Agent or Attorney of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control. By signing this surrender, you represent to OBNDD that you are acting with the full authority to do so. OBNDD does not have authority to accept or reject any surrender, only to receive it and inactivate the OBNDD registration accordingly.

\_\_\_\_\_  
**Registrant or Authorized Representative**  
(Please Print)

x. \_\_\_\_\_  
**Signature**

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