

**ALABAMA STATE BOARD OF PHARMACY**  
**PHARMACY SERVICES NAME AND ADDRESS CHANGE FORM**  
**\$10 FEE**

**DO NOT USE THIS FORM FOR CHANGE OF OWNERSHIP**

*If you have a change of address you must have an inspection before you resume business.*

(If In-State) Date the new location will be ready for inspection \_\_\_\_\_ Date new location is ready for business \_\_\_\_\_

<u>Current Name &amp; Address</u>	<u>New Name or New Location of Pharmacy</u>

FEIN # \_\_\_\_\_ Business e-mail \_\_\_\_\_ Permit Number \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax \_\_\_\_\_ Cell Phone # of Contact Person \_\_\_\_\_

Hours of Operation (M-F) \_\_\_\_\_ (Sat) \_\_\_\_\_ (Sun) \_\_\_\_\_

Please designate Supervising Pharmacist Name \_\_\_\_\_ License Number \_\_\_\_\_

List name, license number, and hours employed of registered pharmacists, including owners and registered technicians (Use back of form if necessary) *NOTE: Pharmacist must be on duty at all times when pharmacy is open and drugs are being dispensed.*

NAME	ADDRESS	LICENSE/ REGISTRATION NUMBER	HOURS EMPLOYED

DEA Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Applied Date \_\_\_\_\_ Person signing DEA blanks \_\_\_\_\_

*It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Practice Act, the Rules of the Board and all other applicable statutes and rules.*

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Notary \_\_\_\_\_  
**SEAL**

**APPLICATION MUST BE NOTARIZED**