



**CHANGE OF PERMIT
for
WHOLESALER
VETERINARY FOOD ANIMAL DRUG RETAILER
HYPODERMIC NEEDLE AND SYRINGE PERMITS**

A request for a change of permit must be filed within 30 days when the following occurs:

- Change of corporate officers
- Change of tradestyle name
- Change of street name or number by the post office (not a change of location).
- Change of location

Lost, stolen or damaged permits - Complete the Application for Reissue of a License (form 17A-28) and submit with the \$30 processing fee, made payable to the "California Board of Pharmacy." The form may be found on the board's website at http://www.pharmacy.ca.gov/forms/duplicate_license_fee.pdf

To be considered complete, all of the required forms must be submitted.

Change of corporate officer

1. Completed Change of Permit form (17A-52). If the facility is owned by a partnership, corporation, or limited liability company, at least one individual authorized to act for and bind the entity must sign. If owned by a sole ownership, the owner must sign.
2. Processing fee of \$100 made payable to the "California Board of Pharmacy."
3. Copy of Request for Live Scan Service Form verifying that your fingerprints have been scanned and all applicable fees have been paid for each new officer. (Please refer to fingerprint instructions on page 3.)
4. Completed Personal Background Affidavit (17A-37) form for each new corporate officer.
5. Attach one of the following:
 - a. Statement of Information endorsed by the Secretary of State reflecting the corporate officer change, OR
 - b. A copy of the board minutes reflecting the change of corporate officers.
6. If Indian owned, a copy of the constitution and by-laws establishing the tribal council that will be the governing entity of the pharmacy.

Change of tradestyle name or corporation name

1. Completed Change of Permit form (17A-52). If the facility is owned by a partnership, corporation, or limited liability company, at least one individual authorized to act for and bind the entity must sign. If owned by a sole ownership, the owner must sign.
2. Processing fee of \$35 made payable to the "California Board of Pharmacy."
3. For a tradestyle name change, attach a fictitious name statement from the county or copy of the board minutes ratifying the name change.
4. For a corporation name change provide a copy of the articles of incorporation listing the new name.

Change of street name or number

If this change is made by the post office.

1. Completed Change of Permit form (17A-52). If the facility is owned by a partnership, corporation, or limited liability company, at least one individual authorized to act for and bind the entity must sign. If owned by a sole ownership, the owner must sign.
2. Processing fee of \$100 made payable to "California Board of Pharmacy."

Change of location

1. Completed Change of Permit form (17A-52). If the facility is owned by a partnership, corporation, or limited liability company, at least one individual authorized to act for and bind the entity must sign. If owned by a sole ownership, the owner must sign.
2. Processing fee of \$100 made payable to "California Board of Pharmacy."
3. Licensure verification from home state (if facility is located outside California)

NOTE: For businesses located in California, the Board must approve all changes in location BEFORE the change occurs.

Fingerprint Requirements

California Residents

The board will only accept Live Scan Service Forms from California residents.

Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a "Request for Live Scan Service" form. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice website at <http://ag.ca.gov/fingerprints/publications/contact.php> or the sources listed on the bottom of the instructions for completing a "Request for Live Scan Service" form.

The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach the second copy of the form to your application and submit to the board.

Non California Residents

If an owner, partner, corporate officer, major shareholder or director reside out of state they must submit rolled fingerprints on cards provided by the board and include a separate fee of \$49 (\$32 California Department of Justice (DOJ) fee and \$17 FBI fingerprint processing fee). (Live Scan processing fees are paid directly at the Live Scan site.) You may contact the board to request fingerprint cards at (916) 574-7943. You may also request cards on our website at www.pharmacy.ca.gov.

Fingerprints submitted on cards should be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take approximately six weeks (live scan is faster). Poor quality prints may result in rejection and will substantially delay licensing as additional fingerprint cards will be required from you for processing.

The board will only accept fingerprint cards from residents outside of California.



California State Board of Pharmacy
 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
 www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

CHANGE OF PERMIT REQUEST

Wholesaler, Veterinary Food Animal Drug Retailer, Hypodermic Needle and Syringe Permits

(Print or type)

Current Permit Reads:					
Name of Corporation				Telephone No ()	
Address		City		State	Zip Code
Name of Company				Permit Number	
New Permit should read:					
Name of Corporation				Telephone No ()	
Address		City		State	Zip Code
Name of Company				Permit Number	
List owners, partners, top 5 corporate officers, branch manager or responsible managing employee and indicate if this is a change, an addition or a deletion. List all individuals to be shown on permit, whether changed or not. Use additional sheets if needed.					
Name			<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change title <input type="checkbox"/> No change		
Title	Residence		City	State	Zip Code
Name			<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change title <input type="checkbox"/> No change		
Title	Residence		City	State	Zip Code
Name			<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change title <input type="checkbox"/> No change		
Title	Residence		City	State	Zip Code
Name			<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change title <input type="checkbox"/> No change		
Title	Residence		City	State	Zip Code
Name			<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change title <input type="checkbox"/> No change		
Title	Residence		City	State	Zip Code
For Office Use Only					
<input type="checkbox"/> Articles of Incorporation		Approved _____		Cashier # _____	
<input type="checkbox"/> Fictitious name statement		Denied _____		Date _____	
<input type="checkbox"/> Minutes		Date _____		Amount _____	
<input type="checkbox"/> Statement of Information					

List all persons who hold a Designated Representative* license:	
Name	Designated Representative license No:
Name	Designated Representative license No:
Name	Designated Representative license No:
Name	Designated Representative license No:

*Under California law, the name used to describe any individual who is in charge of any wholesale drug premises (in California or elsewhere) changed on January 1, 2006, from the former name, *exemptee*, to *designated representative*.

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of license, and a violation of the Penal Code of the State of California.

I hereby certify that there have been no changes in officer(s), manager, or owner(s) that have not been reported to the Board of Pharmacy and that each such officer, manager or owner is the real party in interest with respect to his/her position and is not acting directly or indirectly as an agent, employee or representative of any other person not reported to the board.

Under penalty of perjury, under the laws of the state of California, each person whose signature appears below, certifies and says: (1) He/she is the applicant, or one of the owners or managers of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) all supplemental statements are true and accurate.

Signature(s) of Applicant:

Signature of Corporate officer, partner or owner Name (please print) Date

Signature of Corporate officer, partner or owner Name (please print) Date

*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USCA 405(c)(2)(C) authorize collection of federal and employer identification number (FEIN for partnerships) or your social security number. Corporations are exempt. Your social security number will be used for tax enforcement purposes, for compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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PERSONAL BACKGROUND AFFIDAVIT

All blanks must be completed; **if not applicable enter "N/A"**. Failure to furnish a complete explanation, or any omissions, will delay the processing of your application.

If fingerprints will be taken outside of California, you must submit one set of two completed fingerprint cards and the fingerprint processing fee of \$49.00. If prints will be taken in California, you must submit a copy of the *Request for Live Scan Service Form* verifying that fingerprints have been scanned and all applicable fees have been paid.

Please print or type

Full name:	Last	First	Midd	e	Telephone Number:
					()
Address:	Number and Street		City	State	Zip
Date of birth: (MM/DD/YY)	*Social Security number:		Previous name(s) – include maiden name; also known as (AKA's); "aliases":		

Name of applicant (business name):	Applicant telephone number:				
Address of applicant:	Number and Street	City	State	Z	ip

My position with the applicant is: (Check all that apply)

Sole owner Partner Officer Stockholder Member

Other please specify _____

- Are you currently, or have you in the previous five years, been a manager, administrator, owner, member, officer, director, associate, or partner of any partnership, corporation, firm, or association whose application for a license has been denied or whose license has been revoked, suspended, or been placed on probation in California or any other state? Yes No

If the answer is "yes," please provide the following information for each action taken. Please include cancelled permits. (Use additional sheets if necessary.)

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

Company Name:	Type of License:	License #:	State:	Position Held:
Type of Action:				Year of Action:

2. Have you ever had a professional or vocational license denied, suspended, revoked, voluntarily surrendered, placed on probation or other disciplinary action taken by this or any other governmental authority in this state, any other state or by a federal regulatory agency? Yes No

If the answer is "yes," please provide company name, permit type, action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	Type of Action:	Year of Action:	State:
Type of License:	License #:	Type of Action:	Year of Action:	State:
Type of License:	License #:	Type of Action:	Year of Action:	State:

3. Have you ever been in violation of any provisions of California pharmacy law, including regulations? Yes No

If "yes," please list each type of violation, license type, type of action, year of action and state. (Use additional sheets if necessary.)

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

Type of License:	License #:	State:
Type of Action:		Year of Action:

4. Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States or of any state or local ordinances? You must include all **misdemeanor and felony convictions**, regardless of the age of the conviction, **including those** which have been set aside and/or dismissed under Penal Code sections 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.) Yes No

If "yes," please attach the relevant arrest and court documents.

5. Do you currently engage in, or have you been engaged in the past two years in, the illegal use of controlled substances? Yes No

If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled substances? Please attach a statement of explanation.

Please read carefully and sign below.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.

I hereby certify under penalty of perjury under the laws of the State of California that all statements, answers and representations made in the foregoing personal background affidavit, including all supplementary statements are true and accurate and that I personally completed this personal background affidavit.

Signature

Date

Print Name

Title

*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC 405(c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

**INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

NOTE TO APPLICANT and LIVE SCAN OPERATOR: The applicant's name, date of birth and US Social Security Number must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If any of the applicant's name, date of birth or US Social Security Number are not entered at the time of Live Scan transmission, the applicant may have to have a new Live Scan transmission completed.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number
15. **Level of Service:** While the Live Scan forms contained in the board's application package are pre-plugged to indicate level of service at the DOJ and FBI level, please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07, if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://ag.ca.gov/fingerprints/publications/contact.php> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$17, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Wholesaler - Section 4305.5

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____
Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Wholesaler - Section 4305.5

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____
Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Wholesaler - Section 4305.5

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information _____ Mail Code (five-digit code assigned by DOJ) _____
Street No. _____ Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
City _____ State _____ Zip Code _____ () _____
Contact Telephone No. _____

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: Male Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____

City _____ State _____ Zip Code _____ () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____