



California State Board of Pharmacy
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STATE AND CONSUMER SERVICES AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

APPLICATION FOR REISSUE OF LICENSE

A fee of \$35 must accompany this application

Type of license is being requested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Pharmacist pocket license | <input type="checkbox"/> Pharmacist wall certificate | <input type="checkbox"/> Intern permit |
| <input type="checkbox"/> Technician registration | <input type="checkbox"/> Exemptee certificate | <input type="checkbox"/> Site permit |

Name: _____		License Number: _____	
Address: Street and Number _____		City _____	State _____ Zip Code _____
Telephone No: _____	Email Address: _____		Date of Birth: _____

License was: (Mark one)

Lost Destroyed Not received (Fee waived unless address has changed)

How? _____ When? _____ Where? _____

Incorrect due to change of name:

Previous name: _____

New Name: _____

Before your name will be changed you must submit **one** of the following:

- Copy of marriage certificate.
- Copy of court document authorizing a legal name change.
- Clear copy of driver's license **AND** social security card.

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements.

Signature

Date

FOR OFFICE USE ONLY

Expiration date _____	Cashier No _____
Date Issued _____	Date _____
Date mailed _____	Amount _____