



**California State Board of Pharmacy**  
 2720 Gateway Oaks Drive, Suite 100  
 Sacramento, CA 95833  
 Phone: (916) 518-3100 Fax: (916) 574-8618  
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs  
 Gavin Newsom, Governor



**CHANGE OF PERMIT APPLICATION  
 AUTOMATED DRUG DELIVERY SYSTEM (ADDS)**

Includes: Automated Drug Delivery System (ADD), Automated Patient Dispensing System (ADC), or an Emergency Medical Services Automated Drug Delivery System (ADE) license. All referred above as ADDS.

A Change of Permit Application for an ADDS must be submitted to the Board within 30 days from when one of the following changes occurs:

- Change of Facility Name where ADDS is located (Does not include a change of ownership of the primary responsible pharmacy.)
- Address Correction of the facility where the ADDS is located (Not a physical change of location of the ADDS). This ONLY includes a change made by the United States Postal Service to the facility the ADDS is located.

*A new ADDS application for licensure is required if the primary responsible pharmacy has a change of ownership or if a physical change of location of the ADDS occurs.*

**SECTION A Submit a \$45 application processing fee. This fee is nonrefundable.**

**SECTION B Current ADDS License Information - Please Type or Print**

1) \_\_\_\_\_  
 Current Facility Name Listed on the ADDS License ADDS License Number

2) \_\_\_\_\_  
 Facility Address of where the ADDS is Located: Street City State Zip Code

3) \_\_\_\_\_  
 Exact physical location of the ADDS as listed on the License

**SECTION C Changes to ADDS License Information**

**Facility Name Change** Effective Date of Change (Use exact date mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_  
 New Name of Facility where the ADDS is Located

**Address Change** Effective Date of Change (Use exact date mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_  
 Updated Address of the Facility where the ADDS is Located: Street City State Zip Code

Board Use ONLY - Cashier # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

**SECTION D Pharmacy Responsible for the ADDS**

1) \_\_\_\_\_  
Name of the Pharmacy Pharmacy License Number

2) \_\_\_\_\_  
Address of Pharmacy: Street City State Zip Code

3) \_\_\_\_\_  
Name of the Pharmacist-in-Charge (PIC) Pharmacist License Number

4) \_\_\_\_\_  
PIC Telephone Number PIC Email Address

**Notifications**

Any material misrepresentation provided to the Board is grounds for refusal or subsequent revocation of license, and a violation of the Penal Code of the State of California.

**The ADDS license will not be available to the public on the Board’s website. A new license will be sent to the pharmacy responsible for the ADDS once the change has been completed.**

**ADDS Licensure Information**

- Relocation of the ADDS shall require a new application for licensure.
- Replacement of an ADDS shall require notification to the Board within 30 days.
- A pharmacy that holds an ADDS license shall advise the Board in writing within 30 days if use of the ADDS is discontinued.
- The ADDS license shall be canceled by operation of law if the underlying pharmacy license is not current, valid and active.
- The ADDS license shall be renewed annually, and the renewal date shall be the same as the underlying pharmacy license.
- The ADDS original license and current renewal license shall be displayed on the ADDS machine in a place where it may be clearly read by the public.

**SECTION E Applicant Affidavit**

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.

\_\_\_\_\_  
Original Signature of Pharmacist-in-Charge Printed Name Date