



California State Board of Pharmacy
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Sacramento, CA 95833
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www.pharmacy.ca.gov

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



SELLER'S CERTIFICATION

INSTRUCTIONS: This form is to be completed by the seller and submitted with the application for a change of ownership by the prospective owner. A copy of the pending purchase agreement must be attached. Please print or type.

NOTICE: The license is not transferable, and the current owner of record must maintain operations and control of the licensed premises (including renewing the license) until the change of ownership is approved by the California State Board of Pharmacy. Proof of authority to sell by any person, other than a person whose name appears on the California State Board of Pharmacy license record, must accompany this certification.

This will certify that _____
Name of Seller

has agreed that on _____ Seller shall transfer _____
month/day/year (all, half, etc.)

of the right, title and interest in _____
Name of Facility License Number

Located at _____
Address City State Zip Code

List the Name of all Buyer(s)

On completion of this sale and approval of the new license, the original license, and the current renewal must be returned to the California State Board of Pharmacy.

Under penalty of perjury under the laws of the State of California, each person whose signature appears below certifies and says that (If the seller is a partnership, all partners must sign below):

1. Is the licensee, named in this Seller's Certification, duly authorized to make this sale;
2. Is listed on the current license; and
3. All statements made in this Seller's Certification are true and correct.

| | | | |
|---------------------|---------------------|-------|------|
| Signature of Seller | Name (please print) | Title | Date |
| Signature of Seller | Name (please print) | Title | Date |
| Signature of Seller | Name (please print) | Title | Date |