



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

APPLICATION FOR A DUPLICATE/REPLACEMENT LICENSE

A fee of \$45 must accompany this application for each license requested.

Request Individual License

- Pharmacist Pocket License
 Pharmacist Wall Certificate
 Intern Pharmacist License
 Advanced Practice Pharmacist License
 Pharmacy Technician License
 Designated Representative (EXC, EXV, DRL, DRR) License

Request Site License

- Original Wall License
 Renewal Wall License

Name:		License Number:	
Street Address:		City	State Zip Code
Telephone No:	Email Address:		Date of Birth:
Reason for Duplicate/Replacement License Request: (Mark one)			
<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Never Received			
How? _____ When? _____ Where? _____			
<input type="checkbox"/> License is incorrect due to change of name: Previous name: _____ New Name: _____			
Name Change: Please attach one of the following to this application for the Board to change your name. You are required by law to notify the board of a name/address change within 30 days of the occurrence.			
<ul style="list-style-type: none"> • Copy of marriage certificate. • Copy of court document authorizing a legal name change. • Clear copy of driver's license AND US 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 Receipt # _____
Date Issued _____	Date _____
Date mailed _____	Amount _____