



**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



**APPLICATION FOR A DUPLICATE/REPLACEMENT LICENSE**

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

**Request Individual License**

License Number \_\_\_\_\_

\_\_\_\_ Pharmacist License \_\_\_\_ Pocket \_\_\_\_ Wall \_\_\_\_ Intern Pharmacist License  
 \_\_\_\_ Advanced Practice Pharmacist License \_\_\_\_ Pharmacy Technician License  
 \_\_\_\_ Designated Paramedic License \_\_\_\_ Designated Representative License (EXC, EXV, DRL, DRR)

**Request Premises License**

License Type and Number \_\_\_\_\_

\_\_\_\_ Original Wall License \_\_\_\_ Renewal Wall License

**Reason for Duplicate/Replacement License Request**

\_\_\_\_ Lost \_\_\_\_ Destroyed \_\_\_\_ Stolen \_\_\_\_ Never Received \_\_\_\_ Name on License is Incorrect

How? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

**Licensee Information**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address of Record (Must match Board records) City State Zip Code

\_\_\_\_\_  
 Telephone Number Email Address Date of Birth

**Name Change for an Individual License ONLY**

\_\_\_\_\_  
 Previous Name New Name

Name Change: Please attach **one** of the following to this application for the board to change your name of record. You are required by law to notify the board of a name/address change within 30 days of the occurrence.

- Copy of marriage certificate authorizing a name change
- 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.

\_\_\_\_\_  
 Individual Licensee or Owner, Officer, Manager, Partner, or Trustee Signature Date

**OFFICE USE ONLY**

Date License Issued \_\_\_\_\_ Cashier Receipt Number \_\_\_\_\_  
 Date License Expires \_\_\_\_\_ Date Cashiered \_\_\_\_\_  
 Date Processed \_\_\_\_\_ By \_\_\_\_\_ Amount Received \_\_\_\_\_