



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



APPLICATION FOR A DUPLICATE/REPLACEMENT LICENSE

A fee of \$75 must accompany this application for each license requested.

Request Individual License

____ Pharmacist License ____ Pocket ____ Wall Certificate
____ Advanced Practice Pharmacist License
____ Designated Representative License (EXC, EXV, DRL, DRR)

License Number _____
____ Intern Pharmacist License
____ Pharmacy Technician License
____ Designated Paramedic License

Request Premises License

____ Original Wall License ____ Renewal Wall License

License Type and Number _____

Reason for Duplicate/Replacement License Request

____ Lost ____ Destroyed ____ Stolen ____ Never Received ____ Name on License is Incorrect
How? _____ When? _____ Where? _____

Licensee Information

1. _____
Name
2. _____
Official Address of Record: Street/PO BOX City State Zip Code
3. _____
Individual Only: Residence Address, if different: Street City State Zip Code
4. _____
Telephone Number Email Address Date of Birth

Name Change for an Individual License ONLY

5. _____
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 Processed _____

Cashier Receipt Number _____

By _____

Date Cashiered _____

17A-28 (Rev 2/2024)

Amount Received _____