



California State Board of Pharmacy
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 Sacramento, CA 95834
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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 \$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 Site License

License Type and Number _____

____ Original Wall License ____ Renewal Wall License

Reason for Duplicate/Replacement License Request

____ Lost ____ Destroyed ____ Stolen ____ Never Received ____ Name of License is Incorrect

How? _____ When? _____ Where? _____

Licensee Information

 Name

 Address 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
- 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 _____