



California State Board of Pharmacy
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Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



NOTIFICATION TO OPERATE OR DISCONTINUE OPERATING A MOBILE UNIT

BPC 4110.5

This form is intended to assist in the notification to operate or discontinue operation of a mobile unit to provide prescription medication within its jurisdiction to those individuals without fixed addresses, individuals living in county-owned or city-and-county-owned housing facilities, and those enrolled in Medi-Cal plans operated by the county or a city and county, a health district, or a joint powers authority.

The mobile unit shall be operated as an extension of a pharmacy license held by the county, city and county, or special hospital authority as provided in Business and Professions Code section [4110.5](#).

As required, notification to the Board is required at least 30 days prior to commencing operation of a mobile unit. Notice is also required at least 30 days prior to discontinuing operation of a mobile unit.

1. Enter the Date: Operation Date: _____ Discontinuance Date: _____

2. Pharmacy Information

 Pharmacy Name License Prefix & Number

 Address Pharmacy: Street City State Zip Code Name of Municipality

 Name of Pharmacist-in-Charge (PIC) License # PIC Email Address

3. The person(s) signing below must be identified on the pharmacy license and have the authority to bind the license. 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 on this form including all supplementary statements.

 Signature of Authorized Government Authority Name (please print) Date
 Listed on the License

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representation made on this form including all supplementary statements.

 Signature of Pharmacist-in-Charge Name (please print) Date

For Office Use Only

Date Processed: _____ Processed by: _____