



Arizona State Board of Pharmacy

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Revised 01.12.22

Name Change Request

This form is intended for licensees (pharmacists/interns/technicians) who wish to change the name on their license. To change your name, please complete this form and submit it with a copy of the legal document that shows your name change. Acceptable documents include your marriage license, divorce decree or court order. Please **do not** submit original documents, as we cannot guarantee their return.

If you wish to print/download a copy of your updated white paper license free of charge, please email the application package to licensing@azpharmacy.gov and add "Name Change Request" in the subject line. If you would like to receive a printed copy of your updated white paper license or a new wall certificate, please mail in the complete application package with a check or money order for the appropriate fee. The Board charges \$10.00 per copy. Please make your check payable to the Arizona State Board of Pharmacy.

Please note that the Board no longer reissues trainee wall certificates. Only pharmacists, interns and technicians may request a duplicate wall certificate.

Name (as it appears on your license): _____

New Name: _____

License No.: _____ Date of Birth.: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If you are requesting printed copies of your license or wall certificate, please indicate the number of copies you wish to receive:

_____ Duplicate License _____ Relief Certificate _____ Wall Certificate

Signature

Date