



Arizona State Board of Pharmacy
 PO Box 18520
 Phoenix, AZ 85005

FOR AGENCY USE ONLY

Permit No.	Fee	Check #	Receipt #
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Non-Resident Relocation Application

The Arizona State Board of Pharmacy charges \$10.00 for the reissuance of a permit after a relocation. If your facility is relocating within the same state, please complete this form and mail it to the address above with a \$10.00 check or money order and a copy of your updated home state permit. If your facility is moving to another state, please complete and submit the appropriate new permit application.

1. **Business Name (as it appears on permit):** _____

2. **Permit No.** _____ **Date of Relocation:** _____

3. **Address (as it appears on permit)**

Street: _____

City: _____ State: _____ Zip: _____

4. **New Address**

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

5. **Mailing Address (if different)**

Street: _____

City: _____ State: _____ Zip: _____

Additional Changes

6. **Pharmacist-in-Charge or Designated Representative**

Name and Home State License No. of PIC: _____

Or

Name of Designated Representative: _____

Signature: _____

Date: _____