



# Arizona State Board of Pharmacy

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## FOR AGENCY USE ONLY

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|--------------------|--|-----|--|---------|--|-----------|--|
| License/Permit No. |  | Fee |  | Check # |  | Receipt # |  |
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### Name Change Request

This form is intended for licensees (technicians/pharmacists/interns) 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 and a check or money order for \$10.00. Acceptable documents include your marriage license, divorce decree or court order. Please make your check or money order payable to the Arizona State Board of Pharmacy.

Once your name change has been processed, you will receive a white paper copy of your license. You may order updated relief or wall certificates for an additional \$10.00 per certificate. Please indicate the number of certificates requested below.

Name (as it appears on your license): \_\_\_\_\_

License No.: \_\_\_\_\_ Date of Birth.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Name: \_\_\_\_\_

Document Provided:                      Marriage License                      Divorce Decree                      Court Order

Additional Certificates (#)              Duplicate License              Relief Certificate              Wall Certificate

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date