



ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520 Phoenix, AZ 85005
 p) 602-771-2727 f) 602-771-2749
 www.azpharmacy.gov

FOR AGENCY USE ONLY

Fee:

Receipt No.:

Check No.:

Check Date:

APPLICATION FOR PERMIT RENEWAL

To renew your permit, complete and return this form with the requested information and fees (see either your renewal notice, the renewal fee chart from our website at [http://www.azpharmacy.gov/pdfs/renewal fee chart.pdf](http://www.azpharmacy.gov/pdfs/renewal%20fee%20chart.pdf), or call the Board office at 602-771-2727 for fee information). Make check or money order payable to Arizona State Board of Pharmacy and mail to the address above.

(Permit Type)

Pharmacy
 Wholesaler - Full Service
 Manufacturer
 Medical Gas - Distributor
 Non-Rx Retailer - Category I
 Wholesaler - Non-Rx
 Medical Gas - Supplier
 Non-Rx Retailer - Category II

(Business Name) _____ (Permit Number) _____

(Physical Address) _____ (City) _____ (County) _____ (St) _____ (Zip Code) _____

(E-mail Address) _____ (Phone Number) _____ (Fax Number) _____

(Billing Address) _____ (City) _____ (County) _____ (St) _____ (Zip Code) _____

(Name of Manager) _____ (P.I.C.) (for pharmacies only)
 Yes No

Date Current Permit Expires: _____ Renewal Amount: \$ _____

(Agency Use Only)

RENEWAL PERIOD: 11/01/ _____ TO: 10/31/ _____ Total Fees Included: \$ _____

ATTENTION NON-RESIDENT PERMIT HOLDERS:

If you have had disciplinary action taken by your State or another jurisdiction, it must be reported to the Arizona State Board of Pharmacy, as required by law.

(Choose Status)

I choose to renew this permit. This permit is in compliance with the laws of Arizona and, if applicable, the laws of the state of domicile (non-resident permits).
 I choose not to renew this permit. I understand that there is no "inactive" status, and that my permit will be closed and subject to late fees and penalties if re-opened at a later time.

Signature: _____

Date: _____