

**Arizona State Board of Pharmacy**

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
 Mailing Address: P.O. Box 18520 Phoenix, AZ 85005
 Phone: 602-771-ASBP (2727) Fax: 602-771-2749
 www.pharmacy.az.gov

FOR AGENCY USE ONLY

ASBP Approval:	Lic. / Permit No.:	Fee:	Receipt No.:
Receipt Date:	Certificate Mailed:	Check No.:	Check Date:

5.8.17

CERTIFICATE REQUEST / REPLACEMENT

(All documents listed below \$10.00 each; example: 2 relief certificates = \$20.00)

Name:	Lic. / Permit No.:
Current white paper permit (for Pharmacies, Non-Rx Retailers, Wholesalers, Medical Gases / DME & Manufacturers)	Quantity:
Current white paper license (for Pharmacists, Interns & Technicians)	Quantity:
White paper relief certificate (for Pharmacists, Interns & Technicians)	Quantity:
Parchment paper wall certificate * (for Pharmacists, Interns & Technicians)	Quantity:

* Reason:

Lost

Stolen

Damaged

Name Change (attach documentation)

Total # of Certificates Desired**@ \$10.00 each =**

If due to name change, please print new name as you would like it to appear:

Address (Street and Number):	City:	
County:	State:	Zip Code:
Email:	Phone:	Fax:
Signature:	Date:	