



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



APPLICATION FOR A DUPLICATE/REPLACEMENT LICENSE

A fee of \$45 must accompany this application for each license requested.

Request Individual License

Pharmacist License Pocket Wall Certificate
 Advanced Practice Pharmacist License
 Designated Representative License (EXC, EXV, DRL, DRR)

License Number _____
 Intern Pharmacist License
 Pharmacy Technician License
 Designated Paramedic License

Request Premises License

Original Wall License Renewal Wall License

License Type and Number _____

Reason for Duplicate/Replacement License Request

Lost Destroyed Stolen Never Received Name on License is Incorrect
 How? _____ When? _____ Where? _____

Licensee Information

1. _____
 Name

2. _____
 Official Address of Record: Street/PO BOX City State Zip Code

3. _____
 Individual Only: Residence Address, if different: Street City State Zip Code

4. _____
 Telephone Number Email Address Date of Birth

Name Change for an Individual License ONLY

5. _____
 Previous Name New Name

Name Change: Please attach **one** of the following to this application for the board to change your name of record. You are required by law to notify the board of a name/address change within 30 days of the occurrence.

- Copy of marriage certificate authorizing a name change
- Copy of court document authorizing a legal name change
- Clear copy of driver's license **AND** US Social Security Card

I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements.

 Individual Licensee or Owner, Officer, Manager, Partner, or Trustee Signature Date

OFFICE USE ONLY

Date Processed _____ Cashier Receipt Number _____
 By _____ Date Cashiered _____
 17A-28 (Rev 2/2024) Amount Received _____