



Arizona State Board of Pharmacy

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P) 602-771-2727 F) 602-771-2749 <https://pharmacy.az.gov/>

FOR AGENCY USE ONLY

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

If your facility is relocating within the same state, please complete this form and submit it with a copy of the facility's updated home state permit. If your facility is moving to another state, please complete and submit the appropriate new permit application.

If you wish to print/download a copy of your updated permit free of charge, please email the application package to jmitchell@azpharmacy.gov. If you would like to receive a printed copy of your updated permit, please submit the application package with a \$10.00 check or money order. Please make your check payable to the Arizona State Board of Pharmacy.

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: _____