



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
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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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Resident Relocation Application

Pharmacies, Manufacturers, Wholesalers and 3PLs complete this form and submit it with a copy of the floor plan and lease or zoning statement for the new location.

Gas Distributors, Gas Suppliers and DME complete this form and submit it with a copy of the lease or zoning statement for the new location.

This application must be filed at least **30 days** prior to your relocation. Pharmacies, Manufacturers, Wholesalers and 3PLs must pass a final inspection by a Board Compliance Officer before beginning operations.

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 complete application package with a \$10.00 check or money order. Please make your check payable to the Arizona State Board of Pharmacy

Business Information

1. Business Name (as it appears on permit): _____

2. Permit No. _____ Date of Relocation: _____

3. Relocation Contact Name _____

4. Relocation Contact Email _____

5. Current Physical Address (as it appears on permit)

Street: _____

City: _____ State: _____ Zip: _____

6. New Physical Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

7. Mailing Address (if different)

Street: _____

City: _____ State: _____ Zip: _____

PIC & Square Footage Information (Pharmacies Only)

8. PIC Name _____

9. PIC License Number _____

10. Pharmacy Square Footage _____

Designated Representative Information (All Other Permits)

11. Designated Representative's Name _____

12. Designated Representative's Phone Number _____

Signature: _____

Date: _____