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

This request is for a:
(check all that apply)

☐ **CHANGE of ADDRESS**

☐ **CHANGE of EMPLOYMENT**

Date: _____ Your E-Mail Address: _____

CHANGE of ADDRESS

Name: _____ License Number: _____

New Address:

Street and Number _____ City _____ State _____ Zip _____

County _____ Phone (999-999-9999) _____ Date of Birth (MM/DD/YYYY) _____

CHANGE of EMPLOYMENT

Pharmacy: _____ Permit Number: _____

Address:

Street and Number _____ City _____ State _____ Zip _____

County _____

Pharmacist in Charge? ☐ YES ☐ NO

COMMENTS (1500 char limit)