



Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
Phone (205-981-2280) Fax (205-981-2330)

DUPLICATE REGISTRATION/LICENSE OR NAME CHANGE REQUEST FORM

A \$10 fee must accompany request for each type license (**intern no fee required**)

Type of license/registration/permit requested:

- Pharmacist pocket license Pharmacist wall certificate (must return original)
 Technician registration Intern permit

Name: _____ License Number: _____

Address: _____

City: _____ State _____ Zip Code _____

License was: (Mark One)

- Lost Destroyed Not received (*Fee waived unless address has changed*)
- Name has changed (Before your name will be changed you must submit one of the following):
- Copy of your marriage certificate, divorce decree
 - Copy of court document authorizing a legal name change

Previous Name: _____

New Name: _____

I certify under penalty or perjury under the laws of Alabama to the truth and accuracy of all statements, answers and representations made in the forgoing application, including supplementary statements.

Signature of Licensee

Date