

Alabama State Board of Pharmacy  
111 Village Street  
Birmingham, AL 35242

Telephone (205) 981-2280  
Facsimile (205) 981-2330  
Web address: [www.albop.com](http://www.albop.com)

## NOTIFICATION OF CHANGE OF NAME

1) TYPE OF LEGIBLY PRINT INFORMATION REQUESTED. (Except Signature)

2) ATTACH A LEGIBLE COPY OF THE DOCUMENT THAT LEGALLY CHANGED YOUR NAME. A new driver's license or social security card does not meet this requirement. Acceptable documents include: marriage license, marriage certificate, or court documents.

3) MAIL OR FAX COMPLETED FORM AND SUPPORTING DOCUMENT(S) TO THE BOARD OFFICE AT THE ABOVE ADDRESS.

4) DUPLICATES. A replacement credential is not required, nor is one automatically issued. If you would like to purchase a duplicate annual renewal license or registration, check the box below and include a check or money order in the amount of \$10.00 payable to ALABAMA STATE BOARD OF PHARMACY.

Please mail a duplicate Technician Registration or a Pharmacist License. Enclosed is the required fee of \$10.00. Your duplicate will be mailed to your current mailing address.

**NOTE:** Your new name will only appear on future renewal certificates, renewal applications, and general office correspondence. No changes will be made to your "Initial Licensure Name." Therefore, new permanent wall certificates will not be issued to reflect your new name.

_____ (License/Certificate/Registration #)		_____ (Type of Credential)	
<b>Current Name:</b>			
_____ (First)	_____ (Middle)	_____ (Last)	_____ (Suffix)
<b>New Name:</b>			
_____ (First)	_____ (Middle)	_____ (Last)	_____ (Suffix)
_____ (Signature)		_____ (Date)	