

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

## DUPLICATE LICENSE/REGISTRATION REQUEST

- 1) Type or legibly print the information requested below (except signatures)  
**NOTE:** Requests for the following will only be accepted from the licensee:  
Pharmacists, Intern/Extern, or Pharmacy Technician. Request from third parties will be returned unprocessed.  
**NOTE:** Request for Pharmacy, Manufacturer/Wholesale/Distribution, Institution, or other permits will only be accepted from the Supervising Pharmacist or nursing home/hospital administrator/corporate CEO.
- 2) Enclose a check or money order in the amount of **\$10.00** payable to the ALABAMA STATE BOARD OF PHARMACY. The intern fee is waived.
- 3) Mail form and fee to the Board office at the above address.

I hereby request a duplicate copy of the following License/Permit/Registration

\_\_\_\_\_ **Pharmacist Wall Engraved License- (must return original with request)**  
\_\_\_\_\_ **Pharmacist Pocket License with a Controlled Substance License**  
\_\_\_\_\_ **Technician Registration**  
\_\_\_\_\_ **Pharmacy/Manufacturer/Whosaler/Distributor/Institution/Other License**

STATE REASON FOR REQUEST \_\_\_\_\_

Name as it appears on license/permit/registration \_\_\_\_\_

License/permit/registration number \_\_\_\_\_

**IF PHARMACIST/EXTERN/INTERN/TECHNICIAN:**

Name of Licensee requesting duplicate \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/zip \_\_\_\_\_

**IF PHARMACY/WHOLESALER/MANUFACTURER/DISTRIBUTOR/INSTITUTION OR OTHER:**

Name of business requesting duplicate \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of licensee/Supervising Pharmacist/Facility Administrator

\_\_\_\_\_  
Date