



**Alabama State Board of Pharmacy  
Designated Representative Change Form**

Date Received
Office Use Only

**Permit Details:**

Name of Business:			Permit#
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)

**Designated Representative Details:**

Name	Date of Birth	Social Security Number
Title	Email	
Phone Number	Home Address: <i>Number and Street</i>	
City	State	Zip

**New Designated Representative:**

Effective Date of Change:
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**Person Submitting Notice:**

Name	Title
Email	Date

**Mail or Email Completed Form:  
Alabama Board of Pharmacy  
111 Village Street  
Birmingham, AL 35242  
kpickett@albop.com**