



Alabama State Board of Pharmacy  
Designated Representative Update 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)

**\*\*This form should not be used to change your designated representative. \*\***

This form is to be used to update the current designated representative's information only.

Current Designated Representative's Updated Information:

Name		Date of Birth	Social Security Number
Title		Email	
Phone Number		Home Address: <i>Number and Street</i>	
City	State	Zip	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Effective Date of Change: \_\_\_\_\_

Person Submitting Notice:

Name	Title
Email	Date

Mail or Email Completed Form:  
Alabama Board of Pharmacy  
111 Village Street  
Birmingham, AL 35242  
[sgamble@albop.com](mailto:sgamble@albop.com)



# Application Contact Person

Date Received
Office Use Only

## Applicant Business Information

Name of Business:			
Address of Business: Number and Street	City	State	Zip Code

Please provide the best contact details for the person to be contacted regarding any deficiencies, questions, or concerns about this application. **All correspondence regarding this application will be directed to this individual only.**

Name:	Telephone Number:		
Company Name:			
Business Mailing Address: Number and Street	City	State	Zip Code
Email Address:			

\_\_\_\_\_  
Signature Owner, Officer, or CEO only

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

We recommend adding [kpickett@albop.com](mailto:kpickett@albop.com) and [sgamble@albop.com](mailto:sgamble@albop.com) to your email contact list to help prevent missing important correspondence.