

WEST VIRGINIA BOARD OF PHARMACY

232 Capitol Street

Charleston, West Virginia 25301

CHANGE OF ADDRESS FORM

WV License No: _____ **Date of Change:** _____

Name of Licensee: _____

PLEASE CHECK ONLY ONE PREFERRED MAILING ADDRESS:

(The preferred mailing address is the licensee's address of record, which is public information.)

(Note that telephone numbers are not considered public information.)

Principal Office or Work Location

Home Address

ONLY CHECK ONE

Telephone: _____ **Telephone:** _____

Signature: _____ **Date:** _____

Original Signature of Licensee is Required