

WEST VIRGINIA BOARD OF PHARMACY

1207 Quarrier Street, 4th Floor

Charleston, WV 25301

Change of Name/ Address (Facility)

(Address-Use this form **ONLY** if 911 change. Any change of location is treated as a new application, which requires a new facility fee and completion of the appropriate new/renewal application)

WV License #: _____

Date of Change: _____

WV Controlled Substance #MI _____

Preferred Name/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)

New Name:

Old Name:

New 911 Physical Address:

Old Physical Address:

Telephone #: _____

Fax #: _____

Mailing Address (if different):

Signature: _____

Date: _____

(Signature of Manager-In-Charge or Pharmacist-In-Charge is Required)

Changes Require \$10 Fee per license (Check or Money Order ONLY) for reprint of Wall Certificate

Proof from home state licensing board must be attached.

(Copy of home state license/verification form from home state)