

**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)**