

**WEST VIRGINIA BOARD OF PHARMACY**

**1207 Quarrier Street, 4th Floor**

**Charleston, WV 25301**

**Change of Name/Address Form (Individual Licensee)**

The West Virginia Board of Pharmacy must be notified of any name/address change within 30 days

WV License #: \_\_\_\_\_ Date of Change: \_\_\_\_\_

**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/Address:

Old Name/Address:

Name:

Name:

\_\_\_\_\_

\_\_\_\_\_

Physical Address:

Physical Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone # (Home): \_\_\_\_\_

Telephone # (Work): \_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Original Signature of Licensee is Required)

If requesting a reprint of license reflecting name change, please initial here and include the \$10 reprint fee. \_\_\_\_\_

**Proof of name change must be attached.  
(Marriage/Divorce Certificate, etc.)**