



## TECHNICIAN CHANGE OF ADDRESS NOTICE

Complete the form, then sign and date. Make a copy for your file, e-mail the original to the [technician@pharmacy.ohio.gov](mailto:technician@pharmacy.ohio.gov). Type or print legibly.

**I HEREBY GIVE NOTICE, AS REQUIRED BY OAC RULE 4729:3-2-04, THAT EFFECTIVE**

\_\_\_\_\_ **MY ADDRESS HAS CHANGED AS FOLLOWS:**  
(MM/DD/YYYY)

### Former Address

List Address Currently On File With The Board

### New Address

Residential Street Address (must be completed - may not use P.O. Box)	Area Code / Phone # <input type="checkbox"/> Unlisted
Mailing Address (If different from above, i.e., P.O. Box may be used here)	County
City, State, Zip Code	E-mail Address

### Name and Identification

Full Name	Ohio Registration #
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**I HEREBY REQUEST ALL STATE BOARD OF PHARMACY RECORDS BE CHANGED TO REFLECT MY NEW ADDRESS AS I HAVE INDICATED ABOVE.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

