



CHANGE OF ADDRESS NOTICE

Complete the form, then sign and date. Make a copy for your file, mail, e-mail or fax the original to the Board office. Type or print legibly.

I HEREBY GIVE NOTICE, AS REQUIRED BY OAC RULE 4729-5-06, 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 (Do NOT return this form by e-mail)

Name and Identification

Full Name	Ohio License ID #
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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

