



Pennsylvania  
**Department of State**  
**State Board of Pharmacy**

**“911” ADDRESS CHANGE FOR A PHARMACY**

This form is to be used when the address of a pharmacy is changed due to improvements in the “911” emergency system. Please submit along with this completed form:

1. A photocopy of any documents received from other government agencies notifying you that the pharmacy’s address has been changed (ex. letter from post office, municipality, local emergency management, etc.).
2. A \$5 check or money order made payable to the “Commonwealth of PA” to cover the cost of printing a new pharmacy permit with the corrected address.
3. Place a sample prescription label with the pharmacy’s new address at the bottom of the form where indicated.

***A processing fee of \$20.00 will be charged for any check or money order returned by your bank, regardless of the reason for non-payment.***

Name of Pharmacy: \_\_\_\_\_

Pharmacy Permit Number: \_\_\_\_\_

**Old** Address of Pharmacy: \_\_\_\_\_

\_\_\_\_\_

**New** Address of Pharmacy: \_\_\_\_\_

\_\_\_\_\_

I verify that the pharmacy has not moved and remains in the same physical location. The change of address is strictly a result of improvements to the “911” emergency system.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
***Pharmacy owner’s or pharmacist manager’s written signature and signature date***

**Contact Person’s Name:** \_\_\_\_\_

**Contact Person’s E-Mail Address:** \_\_\_\_\_

Please place to the right of this statement a sample prescription label. The label must include the pharmacy’s new address.

*PLACE SAMPLE  
 PRESCRIPTION LABEL  
 HERE*