

PENNSYLVANIA STATE BOARD OF PHARMACY

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Harrisburg, PA 17105-2649

Courier Address: (UPS, FED-EX, etc.)
PA Dept of State, Bureau of Professional and Occupational Affairs
Attn: State Board of Pharmacy
2 Technology Park
Harrisburg, PA 17110-2919

“911” ADDRESS CHANGE FOR A PHARMACY

(#854 139, Rev. 2/2023)

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*