

Alabama State Board of Pharmacy

111 Village Street
Birmingham, AL 35242
Phone: 205-981-2280
Fax: 205-981-2330

DUPLICATE PERMIT/LICENSE/REGISTRATION REQUEST

1. Type or legibly print information below (except signatures)
NOTE: Requests for the following will only be accepted from the licensee: pharmacists, intern/extern, or pharmacy technician. Requests from third parties will be returned unprocessed.
NOTE: Requests for pharmacy, manufacturer, wholesale distributor, institution, or other permits will only be accepted from the supervising pharmacist or nursing home/hospital administrator/corporate CEO.
2. Enclose a check or money order in the amount of \$10.00 payable to Alabama State Board of Pharmacy. The intern fee is waived.
3. Mail form and fee to the Board office at the above address.

I hereby request a duplicate copy of the following license/permit/registration:

Pharmacist Wall Engraved License (must return original)
Pharmacist Pocket License with a Controlled Substance License
Technician Registration
Pharmacy/Manufacturer/Wholesaler/Distributor/Institution/Other License

State Reason for Request:

Name as it appears on license/permit registration:

License/permit/registration number:

IF PHARMACIST/INTERN/EXTERN/TECHNICIAN:

Name of licensee requesting duplicate:

Address:

City:

State/Zip:

IF PHARMACY/MWD/INSTITUTION/OTHER:

Name of business requesting duplicate:

Mailing Address:

City:

State/Zip:

Signature of licensee/supervising pharmacist/facility administrator

Date