



Idaho State Board of Pharmacy

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Resident & Non-Resident Drug Outlet Name Change Form

Effective Date of Change: _____ Current Idaho License #: _____

Previous Name: _____

Facility DEA #: _____ Expiration Date: _____

New Name: _____

DBA: _____

Physical Address: _____

City: _____ Zip: _____ + _____

Ph #: _____ Fax #: _____

In-State Idaho Licensed Drug Outlet

Authorized Person Name: _____

Email Address: _____

Out of State Idaho License Drug Outlet

Non-Resident PIC Registration #PR _____

Or

Designated Representative #DR _____

Or

Contact Person _____

Email Address _____

Printed Name of Authorized Party _____

Signature of Authorized Party _____ Date: _____