

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
New York State Board of Pharmacy
89 Washington Avenue
Albany, NY 12234-1000
Phone: 518-474-3817 ext. 130
E-mail: pharmbd@nysed.gov

NON-RESIDENT NOTICE OF CHANGE IN OFFICERS AND/OR OWNERSHIP

The Pharmacy Board must be notified within 30 days of any change in ownership or officers – Regulations of the Commissioner 63.6(a)(3).

1 Type of establishment (check one)

- Pharmacy Manufacturer Repacker
 Repacker Medicinal Gases Wholesaler/Distributor

2

a. Name of establishment (as registered): _____

b. Registration number: _____

c. Address: _____

d. Phone: _____ Fax: _____ E-mail address: _____

3 Give full name and title for **each corporate officer, partner, member or owner**. Check the box of the new officer, provide signature for new officer(s). USE ADDITIONAL SHEETS IF NECESSARY.

Last Name, First Name (please print)	
Signature of New Owner or Officer	Date / /
Title (please print) <input type="checkbox"/>	

Last Name, First Name (please print)	
Signature of New Owner or Officer	Date / /
Title (please print) <input type="checkbox"/>	

Last Name, First Name (please print)	
Signature of New Owner or Officer	Date / /
Title (please print) <input type="checkbox"/>	

Last Name, First Name (please print)	
Signature of New Owner or Officer	Date / /
Title (please print) <input type="checkbox"/>	

4 Contact person to clarify information provided on this application.:

Name _____

Telephone: _____

Fax: _____

E-mail _____

5 **ATTESTATION** (Notarization required.)

REGISTRANT

The undersigned affirms under penalty of perjury that the answers and statements that he/she has made in the above application are true.

Print Name: _____

Title: _____

Signature of Registrant: _____ Date: _____ / _____ / _____
(Individual Owner, Partner, Corporate Officer, or *Other Authorized Person) Month Day Year

*Power of attorney must be submitted

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____, before me personally appeared the above registrant _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application, and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct and have been made and given with the intent of having the New York State Education Department and the New York State Board of Pharmacy rely on the truth thereof.

Notary Public signature _____

Notary Commission Expires: _____ / _____ / _____
Month Day Year

Notary Stamp