THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY
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CHANGE OF LOCATION

NO FEE REQUIRED

The **Change of Location** application for a non-resident pharmacy or non-resident manufacturer, wholesaler or repacker that ships, mails, delivers, provides samples or invoices from this location into New York State is self-explanatory. All non-resident pharmacies, manufacturers, wholesalers and repackers doing business in New York State **MUST BE REGISTERED** with the New York State Board of Pharmacy. **NOTE: A non-resident pharmacy, manufacturer, wholesaler or repacker that is relocating to another state must submit a new application and fee.**

The burden of submitting a properly completed application rests with the applicant. **Incomplete applications cannot be processed. They will be returned to you for completion. All required documents must be submitted with the application. Do not send separately.**

There is **no** fee required with this application.

Applications will be processed in the order in which they are received. In the interest of fairness, we cannot deviate from this policy. Please retain at least one copy of all forms and documents submitted by the applicant and/or the contact person.

Items to Submit for a Change of Location for a	
Non-Resident Pharmacy	**Non-Resident Wholesaler/Manufacturer/Repacker**
1. Completed Application form (4 pages). Notarized signature is required on Page 4.	**1.** Completed Application form (4 pages). Notarized signature is required on Page 4.
2. Letter of Certification/Verification of License/Permit/Registration with **new address** in your RESIDENT State (printed verification from the resident state web site is acceptable).	**2.** Letter of Certification/Verification of License/Permit/Registration with **new address** in your RESIDENT State (printed verification from the resident state web site is acceptable).
3. Copy of your current license/permit from the home state.	**3.** Copy of your current license/permit from the home state.
4. Sample Rx label that includes full corporate name, new address and toll-free phone number must be attached to page 2.	**4.** Manufacturers must submit the FDA inspection report for the new location.