



NEW YORK STATE BOARD OF PHARMACY, Lawrence H. Mokhiber, Executive Secretary

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CHANGE IN NAME NO FEE REQUIRED

The application for a **Change in Name** of 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.

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 Change of Name 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 name 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 name in your RESIDENT State (printed verification from the resident state web site is acceptable).
3. Amended Certificate of Incorporation for name change.	3. Amended Certificate of Incorporation for name change.
4. Filing receipt from the state that approved the name change.	4. Filing receipt from the state that approved the name change.
5. Copy of your current license/permit from your home state with new amended name.	5. Copy of your current license/permit from your home state with the new amended name.
6. Sample Rx label with new full corporate name, address, and toll-free phone number must be attached to page 2.	