



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5500 San Antonio Drive NE, Suite C • Albuquerque, New Mexico 87109

(505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102

http://www.rld.state.nm.us/boards/pharmacy.aspx

REPORT CHANGE of ADDRESS/OR BUSINESS NAME FOR OUT OF STATE FACILITIES

This form can ONLY be used if there has been no change of ownership, which means not more than a 30% stock or direct ownership change. The changes must be reported to the board within 30 days of the change. If the changes happening are due to an ownership change please submit new application/s to the board ASAP.

A facility that engages in compounding of sterile preparation/product (CSP) which is shipped into NM cannot change address using this form. A new application, with corresponding current sterile compounding operations inspection report for the new address, will be required.

I/We hereby certify that there has been NO change of ownership; and that no CSP is shipped into NM.

Signature Print Name & Title - Owner or Officer

Date signed

Contact Person Name and Title: Telephone Number Email

If a duplicate license is requested for the change of address or business name, please mail this completed form with a \$10.00 duplicate fee (per license). Make check or money order payable to: New Mexico Board of Pharmacy.

If no duplicate license is needed, this completed form can be sent to our office via:

FAX: (505) 222-9845

E-Mail: pharmacy.board@state.nm.us

MAIL: NMBOP, 5500 San Antonio Drive NE, Suite C, Albuquerque, NM 87109

CURRENT INFORMATION AS IT APPEARS ON NEW MEXICO BOARD OF PHARMACY LICENSE:

NAME NMBOP license #s

MAILING ADDRESS

CITY STATE ZIP

PHYSICAL LOCATION ADDRESS

CITY STATE ZIP

NEW INFORMATION AS SHOULD APPEAR ON NEW MEXICO BOARD OF PHARMACY LICENSE:

NAME NMBOP license #s

MAILING ADDRESS

CITY STATE ZIP

PHYSICAL LOCATION ADDRESS

CITY STATE ZIP

PLEASE ATTACH A COPY OF YOUR CURRENT STATE LICENSE(S) THAT REFLECT THESE CHANGES.