ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727 f) 602-771-2749
www.azpharmacy.gov

FOR AGENCY USE ONLY							
ASBP Approval:		Lic. / Permit No.:		Fee:		Receipt No.:	
Receipt Date:		Certificate Mailed:		Check No.:		Check Date:	

CERTIFICATE REQUEST / REPLACEMENT

(All documents listed below $10.00 each; example: 2 relief certificates = $20.00)

Name:			Lic. / Permit No.:		
Current white paper permit (for Pharmacies, Non-Rx Retailers, Wholesalers, Medical Gases & Manufacturers)				(Quantity)	
Current white paper license (for Pharmacists, Interns & Technicians)				(Quantity)	
White paper relief certificate (for Pharmacists, Interns & Technicians)				(Quantity)	
Parchment paper wall certificate* (for Pharmacists, Interns & Technicians)				(Quantity)	
* Reason: ☐ Lost ☐ Stolen ☐ Damaged ☐ Name Change					
If due to name change, please print new name as you now want it to appear below (attach documentation):					
Address: (if different)					
	(Street and Number)	(City)	(County)	(State)	(Zip)
	(Phone Number)	(Fax)	(E-mail)		

(Signature) (Date)