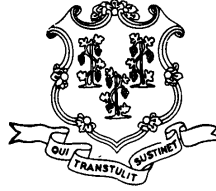


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 DRUG CONTROL DIVISION
 COMMISSION OF PHARMACY
 Email: dcp.pharmacylicense@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR A CHANGE OF OFFICERS/DIRECTOR FOR AN OUT-OF-STATE PHARMACY

INSTRUCTIONS:

1. All spaces on this form must be completed.
2. This application must be accompanied by a check or money order of **\$60.00** made payable to "Treasurer, State of Connecticut." Application fees are non-refundable.
3. Attach a list of all officers/directors, individuals or partners associated with the ownership of this business with their first and last name and address. Indicate if any listed individuals are a prescribing practitioner.
4. If applicable, complete all the appropriate change forms as needed based on the changes to your business.
5. Mail the completed form, fee and required attachments to:
 Department of Consumer Protection, License Services Division, 450 Columbus Blvd, Ste. 801, Hartford, CT 06103

Pharmacy Information

Pharmacy Name		CT Pharmacy Registration #	
Address	City	State	Zip Code
Telephone Number	Email Address to be used for all correspondence		

Owner Information

Type of Business: Individual/Sole Proprietorship Corporation Limited Liability Company Partnership

Name of Owner

Business Street Address	City	State	Zip Code
Telephone Number	Email Address		

1. Has the applicant, partner or member of the board of directors ever been convicted of a felony crime? Yes No If Yes, attach a statement including the date(s) of the conviction(s), the courts(s) where the case(s) were decided and a description of the circumstances involved.

Certification

By signing this form, I certify that the information contained in this application is the truth to the best of my knowledge and have attached all of the documents required that are applicable to this registration.

Print Name and Title

Signature

Date