



1. CURRENT PHARMACY INFORMATION			
Operating Name		Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Manager's Registration Number (BC)	

2. RENOVATION INFORMATION	
PharmaNet Router <input type="checkbox"/> No change <input type="checkbox"/> Moving/disconnection required – Distance of router move: _____	Proposed Completion Date MMM   DD   YYYY
Areas Affected by Renovation (select all that apply) <input type="checkbox"/> External to the Dispensary (up to 25 feet from the dispensary) – Specify: _____ <input type="checkbox"/> Lock-and-Leave: <input type="checkbox"/> add <input type="checkbox"/> remove <input type="checkbox"/> Dispensary area – Specify: _____ <input type="checkbox"/> Other area(s) on the premises – Specify: _____	

3. OTHER TYPES OF CHANGES			
As a result of this change (operating name):			
a) Will the <b>direct owner</b> also be changed at the same time?	<input type="checkbox"/> Yes – Also complete <a href="#">Form 8A</a>	<input type="checkbox"/> No	
b) Will an <b>indirect owner(s)</b> also be changed at the same time?	<input type="checkbox"/> Yes – Also complete <a href="#">Form 8B</a>	<input type="checkbox"/> No	
c) Will the <b>manager</b> also be changed at the same time?	<input type="checkbox"/> Yes – Also complete <a href="#">Form 8C</a>	<input type="checkbox"/> No	
d) Will the <b>pharmacy operating name</b> or <b>external signage name</b> also be changed at the same time?	<input type="checkbox"/> Yes – Also complete <a href="#">Form 8E</a>	<input type="checkbox"/> No	

4. APPLICANT (DIRECT OWNER) INFORMATION		
Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
Signature	Date MMM   DD   YYYY	

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org)