



**1. CURRENT PHARMACY INFORMATION**

<b>Operating Name</b>		<b>Pharmacy Licence Number</b>	
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Manager Name</b>		<b>Manager's Registration Number (BC)</b>	

**2. RENOVATION INFORMATION**

<b>PharmaNet Router</b> <input type="checkbox"/> No change <input type="checkbox"/> Moving/disconnection required – Distance of router move: _____	<b>Proposed Completion Date</b> MMM   DD   YYYY
<b>Areas Affected by Renovation (select all that apply)</b> <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**

<b>Name of Authorized Representative</b>	<b>Position/Title of Authorized Representative</b>	
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>Signature</b>	<b>Date</b> MMM   DD   YYYY	

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcparmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 778-330-0969.