



College of Pharmacists
of British Columbia

APPLICATION FOR CHANGE OF AUTHORIZED REPRESENTATIVE(S)

Form 13

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This form is to be used by direct owners that are **NOT** corporations. If the direct owner is a corporation, submit the *Change of Indirect Owner* application on eServices (note: must be submitted by a current director of the corporation) – visit the [College website](#) for more information.

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. DEPARTING AUTHORIZED REPRESENTATIVE(S)

Name	Pharmacist (Y/N)	Effective Date of Change
	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY
	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY
	<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY

*If known

3. NEW AUTHORIZED REPRESENTATIVE(S)

Name	Email	Pharmacist (Y/N)	Effective Date of Change
		<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY
		<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY
		<input type="checkbox"/> Y – Registration #: _____ <input type="checkbox"/> N – eServices ID*: _____	MMM DD YYYY

*If known

4. ADDITIONAL INFORMATION

a) As a result of this change (authorized representative), will other pharmacies be affected by the same change?	<input type="checkbox"/> Yes – Also complete Form 9	<input type="checkbox"/> No
b) Is the departing authorized representative also the manager of the pharmacy and is departing from the role of manager as well?	<input type="checkbox"/> Yes – Also complete Form 8C	<input type="checkbox"/> No

5. APPLICANT (DIRECT OWNER) INFORMATION

Name of Authorized Representative	Position/Title of Authorized Representative	
Email Address	Phone Number	Fax Number
Signature	Sign 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