



APPLICATION FOR CHANGE OF OPERATING NAME

PHARMACY INFORMATION

PharmaCare code _____

Current operating name _____

Manager _____

Address _____ Tel _____
 _____ Fax _____
 _____ Postal code _____ Email _____

PROPOSED CHANGES

Proposed operating name _____

Planned effective date _____

**Upon approval of this application, the existing license will no longer be valid.
 A new license with the updated information will be issued.**

PAYMENT OPTION

Cheque /Money order (*payable to College of Pharmacists of BC*)

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

Application Fee	157.50
HST	18.90
Total	\$176.40
HST # R106953920	

I attest that:

- The Pharmacy is in compliance with the Health Professions Act, the Pharmacy Operations and Drug Scheduling Act, the Regulation and the Bylaws of the College of Pharmacists of British Columbia made pursuant to these Acts.
- I have read and understood the Pharmacy Licensure in British Columbia – Information Guide and Resources package.

Name (please print)

Signature

Position (Owner/Director)

Date