

To learn the differences between an "Operating Name" and an "External Signage Name", refer to the [Pharmacy Licensure Guide](#).

1. PHARMACY INFORMATION			
Current Operating Name	Current External Signage Name	Pharmacy Licence Number	
Pharmacy Address	City	Province BC	Postal Code
Email Address	Phone Number	Fax Number	
Manager Name		Registration Number (BC)	
PROPOSED NEW OPERATING NAME (if applicable)			
Proposed Operating Name		Effective Date of Change MMM   DD   YYYY	
PROPOSED NEW EXTERNAL SIGNAGE NAME (if applicable)			
Proposed External Signage Name		Effective Date of Change MMM   DD   YYYY	

2. ADDITIONAL INFORMATION			
<b>As a result of this change (operating name and/or external signage name):</b>			
a) Will the <b>direct owner</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8A</a>	<input type="checkbox"/> No	
b) Will the <b>indirect owner(s)</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8B</a>	<input type="checkbox"/> No	
c) Will the <b>manager</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8C</a>	<input type="checkbox"/> No	
d) Will the <b>pharmacy location</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8F</a>	<input type="checkbox"/> No	
e) Will the <b>pharmacy layout</b> be changed at the same time?	<input type="checkbox"/> Yes – Complete <a href="#">Form 8G</a>	<input type="checkbox"/> No	
f) Will any <b>other pharmacies</b> be affected by this change? (applies to <b>external signage</b> only)	<input type="checkbox"/> Yes – Complete <a href="#">Form 9</a>	<input type="checkbox"/> No	

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

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