



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/



NOTIFICATION OF PERMIT HOLDER CHANGE

I hereby certify that as Permit Holder, I will be responsible for all professional duties connected with the proper and lawful conduct of this facility.

Signature of Permit Holder

Date

Please print the following information:

Name & Title of Permit Holder:

Name of Permitted Facility: _____

Permit # _____

Phone # _____

Address of Facility _____

Email address of Permit Holder: _____

This form must be completed and returned to the Board office within ten days of the change in permit holder. A faxed or emailed copy is acceptable. An updated permit listing the new permit holder will be mailed to the facility.