



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

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llr.sc.gov/bop

NOTIFICATION OF PERMIT HOLDER CHANGE

This form must be completed and returned to the Board office within ten days of the change in permit holder. Email this form to contact.pharmacy@llr.sc.gov. An updated permit listing the new permit holder will be mailed to the facility.

Please print the following information:

Name: _____

Title of Permit Holder: _____

Name of Permitted Facility: _____

Permit # _____ Phone # _____

Address of Facility _____

Email address of Permit Holder: _____

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

Effective Date