



NAME AND/OR ADDRESS CHANGE REQUEST FORM

For a name change request, attach legal documentation supporting the name change. (Copy of Marriage license, divorce decree, court order, etc.) Ensure documentation is legible. After the name change is made, you may print a free copy of your license/registration via LLR Online Services: <https://eservice.llr.sc.gov/SSO/>.

If you require a duplicate original license or registration card, please submit this form along with a \$10 check or money order made payable to the SC Board of Pharmacy. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. All fees are non-refundable.

I am:

Pharmacist License Number:

Intern Certificate Number:

Technician Registration Number:

Applicant Pending Licensure

NAME CHANGE (Please Print)

Previous Name as shown on license/registration or application:

First: _____ Middle: _____ Last: _____

New Name:

First: _____ Middle: _____ Last: _____

ADDRESS CHANGE

Current licensees should log into online services for quicker service: <https://eservice.llr.sc.gov/SSO/>

Check which one applies:

Mailing Address Change

Physical Address Change

Both are the Same

PRIOR INFORMATION:

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (required): _____

NEW INFORMATION:

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email (required): _____

I certify this information is true and correct.

 Licensee/Applicant Signature

 Print Name

 Date