



TEXAS STATE BOARD OF PHARMACY  
 333 Guadalupe Street, Suite 3-500 ★ Austin, Texas 78701  
 512-305-8000 ★ www.pharmacy.texas.gov

## Request to Correct an Address for a Pharmacy

**IMPORTANT:** This form should ONLY be submitted if a Pharmacy is NOT physically moving, but needs to update their physical address due to a change from the City/County, Postal Service, etc. This form should not be used if the Pharmacy is physically moving locations or change suite numbers; instead, the Pharmacy should submit a [Change of Location Form \(LIC-016\)](#).

**Instructions:**

This Address Correction Form **MUST BE** enclosed with:

1. The current Texas Pharmacy License. You must return the ACTUAL certificate. You will be issued an amended certificate upon approval of the application. (Keep a copy of the application to show licensure for transition period.)
2. Check or Money Order made payable to the **Texas State Board of Pharmacy** for \$20 to reprint the certificate.
3. Official Documentation that outlines the change to the address.
  - a. Change to Address from the Postal Service:
    - i. A printout from USPS’s Zip Code Look up tool:  
<https://tools.usps.com/go/ZipLookupAction!input.action>
  - b. Change to Street Name due to City, County, or 911:
    - i. A copy of the notification received that indicates the street name is changing.

Submit the completed form and all supporting documents to Texas State Board of Pharmacy. Failure to enclose all documents together will result in a delay in approval. The amended license will be mailed once all requirements are met. Allow 10 business days from the approval date for the amended license to be received via US Postal Service.

<b>1</b>	<b>Fee:</b>	\$20.00	<b>2</b>	<b>Pharmacy License #:</b>		
<b>3</b>	<b>Name of Pharmacy Owner – Name of the Sole Proprietor, LLC, Corporation, or Partnership (Legal Name)</b>					
<b>4</b>	<b>Name of Pharmacy as listed on License (DBA or Business Name)</b>					
<b>5</b>	<b>Current Pharmacy Address (as listed on license)</b>			<b>6</b>	<b>Requested New Pharmacy Location Address:</b>	
Street Address		Suite/Unit #	Street Address		Suite/Unit #	
City	State	Zip Code	City	State	Zip Code	
<b>6 PHARMACY CONTACT INFORMATION</b>						
Phone Number	(    )		Email Address			
Fax Number	(    )		Web Address			

By my signature, I acknowledge that I am the Pharmacist-in-Charge or Managing Officer for the Pharmacy. I attest that this pharmacy has NOT physically changed locations, but is requesting a correction to the address ONLY.

\_\_\_\_\_

Signature of PIC or Managing Officer

\_\_\_\_\_

Date