

**CHANGE OF ADDRESS OR NAME CHANGE**

An establishment permit or a product registration is valid only for the name and address to which it is issued.

**PERMIT NAME:** The name in which the permit is issued must be the name in which the company is doing business, i.e., the name that appears on purchase, sales, and shipping documents. The permit name will be changed, at no cost, upon notification to the department provided the new name complies with Rule 64F-12.015(2)(b), Florida Administrative Code. However, if the name change is a result of a change in ownership, a new application and permit is required.

**PERMIT ADDRESS:** A new physical location must meet minimal requirements before a permit authorizing business at the new address can be issued. If the establishment is located in Florida, you must complete and sign the Questionnaire and Affidavit on the reverse side of this form.

**FEES:** There is no charge for a name change or for a change in mailing address of an establishment permit. There is no charge for a change related to a product registration.

**\$25** if the permit is issued to a Complimentary Drug Distributor located outside of Florida, Veterinary Prescription Drug Wholesale Distributor located outside of Florida, Non-Resident Prescription Drug Manufacturer or Out-of-State Prescription Drug Wholesale Distributor, Third Party Logistics Provider located outside of Florida, or a Health Care Clinic Establishment.

**\$100** if the permit is issued to a Prescription Drug Manufacturer, Prescription Drug Repackager, Over-the-Counter Drug Manufacturer, Compressed Medical Gas Manufacturer, Device Manufacturer, Cosmetic Manufacturer, Prescription Drug Wholesale Distributor (including Broker Only), Compressed Medical Gas Wholesale Distributor, Retail Pharmacy Drug Wholesale Distributor, Complimentary Drug Distributor located in Florida, Freight Forwarder, Veterinary Legend Drug Retail Establishment, Limited Veterinary Prescription Drug Wholesale Distributor, Veterinary Prescription Drug Wholesale Distributor located in Florida, Medical Oxygen Retail Establishment, Third Party Logistics Provider located in Florida, or any of the Restricted Prescription Drug Distributors.

**\$25** for each permit, in addition to the \$100 fee above, if multiple permits under the same permitted name and address (in state) are relocated concurrently to one new location (in state).

**Please print or type legibly.**

<b>Permit/Registration Number(s)</b>			
<b>Old Permit Name</b>			
<b>New Permit Name (limit to 41 characters)</b>			
<b>Old Physical Address</b>			
<b>New Physical Address (include suite number)</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>New Mailing Address (include suite number)</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>New Telephone Number</b>		<b>Facsimile Number</b>	
<b>New Opening Hours</b>		<b>Effective Date of Change</b>	

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_

Title

Make checks payable to: **Florida Department of Business and Professional Regulation**

Mail to: **Florida Department of Business and Professional Regulation, Drugs, Devices, and Cosmetics Program, 1940 North Monroe Street, Tallahassee FL 32399-0783.**

If you have questions, please call (850) 717-1800.

A **Retail Pharmacy Wholesaler** must attach a copy of the community pharmacy permit issued to the new address.

A **Complimentary Drug Distributor** located outside Florida, **Non-Resident Prescription Drug Manufacturer, Veterinary Prescription Drug Wholesaler** located outside of Florida, **Limited Veterinary Prescription Drug Wholesale Distributor** located outside of Florida, **Third Party Logistics Provider** located outside of Florida, or an **Out-of-State Prescription Drug Wholesaler** must attach a copy of the resident state's permit that authorizes the distribution of prescription drugs from that new address.

SUBMIT TIMELY TO AVOID ADMINISTRATIVE SANCTIONS FOR OPERATING WITHOUT A VALID PERMIT  
**Establishments located in Florida must complete the page 3.**

# CHANGE OF ADDRESS QUESTIONNAIRE AND AFFIDAVIT

You must answer all questions if the establishment is located in Florida.

<b>1. Is the new address a residence?</b>	<b>2. Is the new address located in a residential area?</b>
_____ Yes    _____ No	_____ Yes    _____ No
<b>3. Are there any other permits or licenses issued by any agency in Florida that authorize the purchase or possession of prescription drugs at this address?</b>	
_____ Yes    _____ No    If yes, provide the permit name(s) and type of permit(s): _____	
<b>4. Will this new address ever take possession of prescription drugs, including the delivery of medical oxygen to patients?</b>	
_____ Yes    _____ No    If yes, answer the following questions, otherwise go directly to question #5.	
<b>4a. Does the new address have an alarm system?</b>	<b>4b. What type of alarm is it?</b>
_____ Yes    _____ No	_____ Monitored    _____ Audible Alarm    _____ Other (Explain: _____)
<b>4c. Does the new address have air conditioning where prescription drugs will be held?</b>	<b>4d. Does the new address have temperature and humidity recording devices?</b>
_____ Yes    _____ No	_____ Yes    _____ No
<b>4e. Is the area where prescription drugs will be held lighted?</b>	<b>4f. Is there adequate space to store, handle, examine, pick, fill orders, and process returns?</b>
_____ Yes    _____ No	_____ Yes    _____ No
<b>4g. Is there a quarantine area at the new address?</b>	<b>4h. Are entry areas where prescription drugs are held limited to authorized personnel?</b>
_____ Yes    _____ No	_____ Yes    _____ No
<b>5. Is the new location clean and orderly?</b>	<b>6. Is the new location free from infestation by insects, rodents, birds, pests or other animals?</b>
_____ Yes    _____ No	_____ Yes    _____ No
<b>7. Are your policies and procedures current for your new location?</b>	
_____ Yes    _____ No	
<b>8. Do your invoices, shipping records or other documentation reflect your current address?</b>	
_____ Yes    _____ No	
If not, how do you plan to reflect the new address on your records? _____ _____	
<b>9. Will the records that are required to be maintained under Chapter 499, F.S., be stored and maintained at this new address?</b>	
_____ Yes    _____ No	
If not, where will they be stored and maintained? _____ _____	

**10. Will you be filling oxygen containers at this new address?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, has this new address passed an inspection by the local fire marshal? \_\_\_\_\_ Yes \_\_\_\_\_ No

**11. Is the move to the new location related to the sale of some or all of the business?**

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, attach a detailed explanation.

**12. Who should we contact if we have questions about your responses to this questionnaire?**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**13. Do you agree to submit a photocopy of your municipal occupational license for the new address upon your receipt? (If local government will not issue an occupational license to your establishment, submit letters from the city and county government stating one is not needed.)**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**AFFIDAVIT** *I do solemnly swear or affirm that the information provided in this affidavit is true and correct. I understand that if my responses are misleading or inaccurate, the permit issued to this new address may be suspended or revoked.*

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title