

**CHANGE OF ADDRESS NOTICE** **FORM # 0413**

- 1 Complete the form then hand sign and date.
  - 2 Make a copy for your file.
  - 3 Mail or fax the original to the Board office.
- TYPE OR PRINT LEGIBLY**

I HEREBY GIVE NOTICE, AS REQUIRED BY OHIO ADMINISTRATIVE CODE RULE 4729-5-06, THAT EFFECTIVE \_\_\_\_\_ MY ADDRESS HAS CHANGED AS FOLLOWS:

**Former Address:**

List Address Currently On File With The Board:

**New Address:**

Residential Street Address: (Must be completed)	Area Code / Telephone Number:  Unlisted
Second Line Address (If you would like to receive your mail at a P. O. Box, indicate so here)	County of Residence:
City, State, Zip Code:	E-mail Address: (Do NOT return this form by e-mail)

**Name and Identification:**

Full Name:	Ohio License I.D. Number:
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I HEREBY REQUEST ALL STATE BOARD OF PHARMACY RECORDS BE CHANGED TO REFLECT MY NEW ADDRESS AS I HAVE INDICATED ABOVE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED