



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**PHA**

FOR DIVISION USE ONLY

**Board of Pharmacy**

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Email: [BoardOfPharmacy@Alaska.Gov](mailto:BoardOfPharmacy@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPharmacy](http://ProfessionalLicense.Alaska.Gov/BoardOfPharmacy)

**Change of Facility Manager – Outgoing  
(Designated Representative)**

**PART I Pharmacy / Facility Information**

|                               |  |  |  |
|-------------------------------|--|--|--|
| License or Registration Type: | <input type="checkbox"/> In-State Wholesaler | <input type="checkbox"/> Out-of-State Wholesaler | <input type="checkbox"/> Outsourcing Facility  |
|                               | <input type="checkbox"/> In-State Pharmacy   | <input type="checkbox"/> Out-of-State Pharmacy   | <input type="checkbox"/> Third-Party Logistics |
|                               | <input type="checkbox"/> Remote Pharmacy     | <input type="checkbox"/> Drug Room               |  |
| Owner Name:                   |  |  |  |
| Facility Name:<br>(DBA)       |  | Alaska License Number:                           |  |
| Physical Address:             | Street                                       | City   | State Zip                                      |

**PART II Pharmacist-in-Charge (PIC) / Facility Manager Information**

|  |  |                               |  |
|--|--|-------------------------------|--|
| Previous PIC or Facility Manager Name: |  | License Number:<br>(PIC Only) |  |
| New PIC or Facility Manager Name:      |  | Outgoing Date:                |  |
| Signature:                             |  | Date Signed:                  |  |