



THE STATE  
of **ALASKA**

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

**Board of Pharmacy**

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PHA

FOR DIVISION USE ONLY

## Change of Facility Manager - *Outgoing*

**Required Fee: \$5.00** (Payable to the State of Alaska)

**CHANGE OF FACILITY MANAGER FOR AN OUTSOURCING FACILITY OR THIRD-PARTY LOGISTICS PROVIDER:**

Within 10 days of a change in facility manager, the outgoing facility manager must notify the board of their departure as the facility manager. The new facility manager will complete the incoming Change of Facility Manager form (#08-4064). (12 AAC 52.696(c) and 12 AAC 52.697(c)).

<b>Name of Facility:</b>			
<b>Facility Alaska License #:</b>			
<b>License Type:</b>	<input type="checkbox"/> Third Party Logistics Provider <input type="checkbox"/> Outsourcing Facility		
<b>Outgoing Facility Manager:</b>		<b>Outgoing Date:</b>	
<b>License Number (if applicable):</b>		<b>State:</b>	
<small><b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</small>			
<b>Facility Email Address:</b>			
<b>New Facility Manager (if known):</b>			

<b>Authorized Signature:</b>		<b>Date:</b>	
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