



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



APPLICATION FOR CHANGE OF RESPONSIBLE MANAGER (RMG)

A third-party logistics provider is required to notify the board within 30 days of the date when a RMG ceases to act as the RMG, and is further required to propose another licensee to take over as RMG. Failure to make this notification to the board may result in a citation and fine or disciplinary action. The proposed RMG shall be subject to approval by the board. If disapproved, the third-party logistics provider shall propose another replacement within 15 days of the date of disapproval.

INSTRUCTIONS: Submit an *Application for Change of RMG* form and the **\$250** application fee. Make checks payable to the Board of Pharmacy. Important: List the license number for the facility and the RMG. A Certification of Personnel form, fingerprint cards, and the \$49 fingerprint card processing fee is required by the proposed new RMG ONLY if licensed as a pharmacist in another state.

1. Licensed Facility Location - Type or Print in Blue or Black Ink

Name of Facility _____ Facility License _____
 Address of Facility _____
 City _____ State _____ Zip Code _____
 Facility's Telephone Number _____ Email Address _____
 Contact Name: _____ Email Address _____

2. Proposed New RMG: Must be a registered pharmacist or a designated representative-3PL who is currently licensed.

 Name of Proposed New RMG _____ License Number _____
 Effective Date of Change (Month/Day/Year) _____ Email Address _____

3. RMG being REPLACED

 Name of Prior RMG _____ License Number _____
 End Date (Month/Day/Year) _____ Telephone Number _____ Email: _____

4. I certify that all statements, answers, and representations made on this form are true and correct.

Original Signature of Corporate Officer, Partner, Owner or Member Print Name Title Date

Original Signature of Proposed New RMG Date Signature of replaced RMG (If available) Date

17A-E9 (rev 10/2024)
 Board Use ONLY - Cashier # _____ Date _____ Amount _____
 RMG: DOJ/FBI _____ Date Processed: _____ By: _____ Comments: _____



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CERTIFICATION OF PERSONNEL

1. Personal Information - Type or Print in Blue or Black Ink

Legal Last Name	Legal First Name	Middle Name
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Previous Names (AKA, Maiden Name, Alias, etc.)

Address - Street	City	State	Zip Code
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Personal Telephone Number	Work Telephone Number	Email Address
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US Social Security Number or ITIN	Date of Birth (Month/Day/Year)
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2. Licensee Information

Facility Name	License #
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3. Ownership Information

Do you or have you had any direct or indirect beneficial interest in, or do you or have you exercised management and control over and/or served as an officer, director, manager, member, partner, stockholder, trustee, professional director, or administrator for, a pharmacy, clinic, wholesaler, third-party logistics provider, or outsourcing facility licensed in California or any other state, jurisdiction, territory, or country?

Yes ___ No ___ If Yes, list all current and past licenses. Attach additional sheets if necessary.

Name of Facility	License Type and Number	State Issued

4. Disciplinary History

The following questions pertain to a license sought or held in California or any other state, jurisdiction, territory, or country. For any affirmative answer, attach a statement of explanation including type of license, license number, type of action, date of action, and identify the state, jurisdiction, territory, or country.

A. Have you ever had an application for any professional or vocational license or registration denied or any professional or vocational license or registration suspended, revoked, placed on probation, or had other disciplinary action taken against it?

Yes ___ No ___ If Yes, provide a signed and dated statement of explanation.

B. Have you ever had a pharmacy, clinic, wholesaler, third-party logistics provider, outsourcing facility and/or any other facility license denied, suspended, revoked, placed on probation, or had other disciplinary action taken against a license you hold?

Yes ___ No ___ If Yes, provide a signed and dated statement of explanation

A signature is required, and must be an original dated signature or a digital signature that complies with the Board's [Digital Signatures Policy Statement](#) located on the Board's website. All documents with digital signatures shall be emailed to the Board.

I hereby certify that all statements, answers, and representations made in the foregoing Certification of Personnel form are true and correct.

Signature of individual completing this form

Date