



**California State Board of Pharmacy**

1625 N. Market Blvd, N219, Sacramento, CA 95834  
Phone: (916) 574-7900  
Fax: (916) 574-8618  
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GOVERNOR EDMUND G. BROWN JR.

**Request for Renewal of Hypodermic Needle & Syringe Permit**

Complete the form below and submit a check or money order made payable to the Board of Pharmacy no more than 60 days before the expiration date of the license. Fees submitted more than 60 days before the expiration date will be returned.

**Renewal Fees:** \$165 if submitting before the expiration date, or

**Renewal plus Delinquency fees:** \$247.50 (\$165 renewal fee plus \$82.50 delinquency fee) if the license has expired.

Mail the renewal form and payment to:

California State Board of Pharmacy, 1625 N. Market Blvd. N219, Sacramento, CA 95834

**Mandatory:** If there has been a change of ownership, location, corporate officer(s), shareholder (more than 10%), responsible managing employee, or if you have negotiated a new lease with changes in terms and conditions you must immediately contact the Board of Pharmacy.

All items of information requested are mandatory. Failure to provide any of the information will result in the request for renewal being rejected as incomplete. The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the Executive Officer, telephone (916) 574-7900, 1625 N. Market Blvd, Suite N219, Sacramento, California 95834. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Section 1798.40 of the Civil Code.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share individual taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

Cut here ✂ -----

**Request for Renewal of Hypodermic Needle & Syringe Permit**

Name of Hypodermic Needle & Syringe Permit:	License Number:	Expire Date
Address:	Telephone Number:	

**The following certification must be signed by the owner, if an individual ownership; a partner, if a partnership; or a corporate officer, if a corporation.**

I certify, under penalty of perjury under the laws of the state of California, that there has been no change of ownership, location, corporate officers, shareholders, responsible managing employee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date