



STATE OF UTAH
 Department of Commerce
 Division of Occupational & Professional Licensing
 160 East 300 South
 PO Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone: (801) 530-6628
 Toll Free in Utah: (866) 275-3675

DIVISION USE ONLY

	DATE	INITIALS
Licensing Reviewed:		
Investigations Reviewed:		

CHANGE OF DESIGNATED REPRESENTATIVE / RESPONSIBLE INDIVIDUAL

Pursuant to R156-17b-502 (21); the Responsible Party must be updated with the Division within 30 days of a change.

Facility Name: _____ Date: _____

Pharmacy License Number: _____ Expiration Date: _____

Telephone: _____ Facility Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Former Designated Representative/Responsible Individual: _____

Disassociation Date: _____

New Designated Representative/Responsible Individual: _____

Association Date: _____

Social Security Number: _____ Date Of Birth: _____

New Designated Representative/Responsible Individual Email: _____

Reason for Change: _____

Is this change based upon action which could constitute unprofessional or unlawful conduct by the Designated/Responsible Individual? Yes No

Fill out this form and email or mail it to the Division.
(All fields must be completed or the form will not be processed)
 Please do NOT fax

Email: DOPLInvestigations@utah.gov

Mail: DOPL Investigations
 Attn: Bureau of Investigations
 PO Box 146741
 Salt Lake City, Utah 84114

FOR CHANGE OF DESIGNATED REPRESENTATIVE / RESPONSIBLE INDIVIDUAL EMAIL ONLY

Facility Name: _____ Date: _____

Pharmacy License Number: _____ Expiration Date: _____

Telephone: _____ Facility Fax: _____

Designated Representative/Responsible Individual: _____

**New Designated Representative/Responsible Individual Email: _____

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

 Date

 Signature of Designated Representative/Responsible Individual

 Printed Name of Designated Representative/Responsible Individual