



SOUTH DAKOTA BOARD OF PHARMACY
4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106
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www.pharmacy.sd.gov email - pharmacyboard@state.sd.us

Change Notification Form for Wholesalers & Other Drug Distributors

1. Complete form section(s) that apply and send to the Board along with any required documents
2. Change must be reported to the Board once all required documentation is available
3. Send completed form and all required documents (in a PDF format) to email above
4. There is no fee for these changes
5. Refer to the Board's website for other types of changes not addressed here (ownership, officers, director)

ENTITY NAME _____

LICENSE # _____ - _____ EFFECTIVE DATE OF CHANGE _____

DESIGNATED REPRESENTATIVE CHANGE (1) complete form

NAME - NEW DESIGNEE

WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK EMAIL _____ PHONE # _____ FAX # _____

NAME CHANGE Resident entities complete form only; Nonresident entities (1) complete form and provide (2) copy of home state license with new name.

CURRENT - LEGAL NAME _____ NEW - LEGAL NAME _____

CURRENT - DBA NAME _____ NEW - DBA NAME _____

LOCATION CHANGE - within same state

Resident entities complete form only; Nonresident entities (1) complete form and provide (2) copy of home state license with new address, (3) copy of new location inspection; if no inspection, provide a written explanation why. An out-of-state move requires a new application (see Board website).

CURRENT - ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____

NEW - ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____

CLOSURE or **SURRENDER** (1) complete form, signed by owner/officer

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE OF REPRESENTATIVE (required) _____ PRINT NAME OF REPRESENTATIVE (required) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE # _____ FAX # _____