



# Louisiana Board of Pharmacy

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## Request for Change of Address for Louisiana CDS License

This form is due in our office within 10 days of the change.  
Please complete form online before printing it, and then sign and date the bottom of the form before sending it.  
You may then fax (225.925.6499) or mail (see address above) the form to our office.

Name of Registrant: \_\_\_\_\_

CDS License No.: \_\_\_\_\_

### PREVIOUS

Practice Address

Mailing Address

Address-1: \_\_\_\_\_ Address-1: \_\_\_\_\_

Address-2: \_\_\_\_\_ Address-2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

### NEW

Practice Address

Mailing Address

Address-1: \_\_\_\_\_ Address-1: \_\_\_\_\_

Address-2: \_\_\_\_\_ Address-2: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

There is no fee to record address changes; however, if you wish to order a duplicate copy of your CDS license reflecting the new address, please check this box  and mail a check or money order in the amount of \$5.00, payable to the Louisiana Board of Pharmacy along with this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_