

9901 - \$25
9902 - \$25
9904 - \$25
9905 - \$25
9906 - \$25



STATE OF TENNESSEE
Board of Pharmacy
665 Mainstream Drive
Nashville, TN 37243
www.tn.gov/health

PHONE: (615) 253-1299 FAX:(615) 741-2722 EMAIL: pharmacy.health@tn.gov

REQUEST FOR A DUPLICATE OR REPLACEMENT LICENSE

Check Applicable Profession

- | | |
|--|---|
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Researcher/Dog Handler |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Wholesale/Distributor |
| <input type="checkbox"/> Oxygen Supplier | <input type="checkbox"/> Outsourcer |

Check Applicable Document

- | | |
|--|--|
| <input type="checkbox"/> Renewal Certificate | <input type="checkbox"/> Wall Certificate (8x 10)
(pharmacist or pharmacy only) |
|--|--|

I, _____,
 Print Name in Full

 Home Address

 City State Zip Code

am licensed to practice the above profession pursuant to license number: _____

I hereby request a duplicate or replacement license and remit herewith the fee required by the Rules and Regulations that govern the practice of my profession. (T.C.A. §63-10-308)

 Licensee/Representative Signature

 Date