Washington State Department of Health
Pharmacy Quality Assurance Commission
PO Box 47877
Olympia WA 98507-7877
360-236-4700

Fee
Check the fee page for current fees. **All application fees are nonrefundable**

Relocation of a Pharmacy within an Establishment Application

Pharmacy Name			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Pharmacy License #	
Name of Responsible Pharmacist		Pharmacy Owner	
Present Location of Prescription Area			
Diagram			
New Location of Prescription Area			
Diagram			

Signature of Owner/Authorized Representative of Pharmacy _____ Date _____