



## LOUISIANA BOARD OF WHOLESALE DRUG DISTRIBUTORS

12046 Justice Avenue, Suite C

Baton Rouge, LA 70816

(225) 295-8567 Fax (225) 295-8568 lsbwdd@bellsouth.net www.lsbwdd.org

### ***REQUEST FOR NAME CHANGE***

***For the LICENSE as a WHOLESALE DISTRIBUTOR of LEGEND DRUGS or DEVICES***

The name of a current Louisiana licensee for wholesale distribution of legend drugs or devices may be changed if the name change is *NOT* the result of any changes in ownership. Changes in ownership of a licensee company/facility require submission of an application for new licensure.

Complete this form fully, sign, date, and submitted to the Board at the address above along with all required documentation and a check or money order in the amount of \$25 for cost of processing.

#### **BOARD USE ONLY -- Do not write in this area**

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

Date Request Processed: \_\_\_\_\_ BY: \_\_\_\_\_

Approved: \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_

OLD Company Name: \_\_\_\_\_

d/b/a or trade name (if applicable): \_\_\_\_\_

NEW Company Name: \_\_\_\_\_

dba or trade name (if applicable): \_\_\_\_\_

#### **EXPLANATION/REASON FOR NAME CHANGE:**

**REQUIRED DOCUMENTATION:** Attach a copy of an incorporation amendment or corporate resolution indicating the name change and the effective date for the name change of the company/corporation and (*FOR OUT-OF-STATE LICENSEES*) a copy of the home state license in the new name of the company/corporation.

\_\_\_\_\_  
Name of Licensee Representative (print or type)

\_\_\_\_\_  
Title of Licensee Representative

\_\_\_\_\_  
Signature of Licensee Representative

\_\_\_\_\_  
Date