State of Florida Department of Business and Professional Regulation Division of Drugs, Devices, and Cosmetics

Application for Mailing Address Change Only

TYPE OF APPLICATION

If you have any questions, please contact the Division of Drugs, Devices and Cosmetics at 850.717.1800.

Section I – Application Type

☐ Mailing Address Change Only [9006]

Note: This form cannot be used to change the physical location address of the establishment. Please use the Change of Physical Location form to change the physical address of the establishment.					
Section II – Applicant Information	1				
APPLICANT INFORMATION					
List Permit/Registration Number((s):				
PERMITTED NAMES					
Applicant's Currently Permitted F					
Applicant's Currently Permitted Fictitious, Trade or Business Name:					
APPLICANT'S NEW MAILING ADDRESS					
Street Address or P.O. Box:					
City:			State:	Zip Code (+4 optional):	
		TION CONT.			
Whom should the department conta		g this applic			
Last/Surname:	First:		Middle:	Suffix	
Address:					
City:			State:	Zip Code (+4 optional):	
Telephone Number:		Fax Nui	Fax Number:		
Email Address:					
Signature of Owner or Officer:		Date:			
Print Name:		Title:			

Mail completed application to:
Department of Business and Professional Regulation
2601 Blair Stone Road; Tallahassee, FL 32399-1047