MINNESOTA BOARD OF PHARMACY

Protecting the Public Since 1885 | pharmacy.board@state.mn.us

335 Randolph Ave., Suite 230 | St. Paul, MN 55102

Officer Reporting Form

Use this form to report the current, complete list of corporate officers of the licensee. Include additional pages if necessary.

Effective Date	Federal Tax ID	Full Legal Name of Licensee		
Physical Mailing Address		City	State	Zip
MN License Number (list at least one)				

List of Officers:

Name	Title	License/Registration # (RPH, MD, RN)
Email		Phone

Name	Title	License/Registration # (RPH, MD, RN)
Email		Phone

Name	Title	License/Registration # (RPH, MD, RN)
Email		Phone

Name	Title	License/Registration # (RPH, MD, RN)
Email		Phone

Name	Title	License/Registration # (RPH, MD, RN)
Email		Phone

Name	Title	License/Registration # (RPH, MD, RN)
Email		Phone

Signature of Applicant, Owner, Partner or Administrative Officer

Date

Printed Name

Fax: 651-215-0951