

Officer Change Form

Wholesalers, Manufacturers, and Third-Party Logistics Providers - use this form to notify the Board of a change in officers. Officer changes must be reported to the Board within 30 days of the change. Minnesota Rule 6800.1400. There is no fee associated in reporting officer changes. Do not leave any item blank, put N/A if needed.

I am reporting a change in officer, effective date of _____

Reason for Change	
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DBA Name of Facility (as listed on the application)	MN License #	Physical Mailing Address	City	State	Zip
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Managing Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Officer

Name	Title	License/Registration # (RPH, MD, RN)	Email		
Address		City	State	Zip	Phone

Signature of Applicant, Owner, Partner or Administrative Officer

Date

Printed Name

Fax: 612-617-2262