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

Application for Mailing Address Change Only

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

Section I – Application Type

TYPE OF APPLICATION
☐ **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

APPLICANT INFORMATION		
List Permit/Registration Number(s):		
PERMITTED NAMES		
Applicant's Currently Permitted Full Legal Name:		
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):
APPLICATION CONTACT		
Whom should the department contact with questions regarding this application?		
Last/Surname: First: Middle: Suffix		
Address:		
City:	State:	Zip Code (+4 optional):
Telephone Number:	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