STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
DUPLICATE LICENSE REQUEST

MAILING ADDRESS:
Missouri Board of Pharmacy
P.O. Box 625, Jefferson City, MO 65102
(573) 751-0091
DELIVERY ADDRESS:
3605 Missouri Boulevard, Jefferson City, Missouri 65109

INSTRUCTIONS:

1. Duplicate license requests and related fees can be submitted through the MOPRO online licensing portal available at: https://pr.mo.gov/pharmacists-forms.asp Licensees can also print a free copy of their license/licensing certification from the MOPRO online portal. Submit this application only if you would like an official reprint of your hard copy license.
2. This form must be completed by the licensee, pharmacist-in-charge, manager-in-charge, officer, or owner of the license for which a duplicate is being requested.
3. Mail the completed form and **$20 processing fee** payable to the Missouri Board of Pharmacy to the above address.
4. Complete the information requested below. Please type or print in ink. Signatures must be notarized.
5. A duplicate license will be issued for replacement purposes only- see Reasons for Request below.
6. Allow three (3) weeks for processing paper application requests. Requests submitted via the MOPRO online licensing portal will be processed within 2-3 business days.

FOR OFFICE USE ONLY

DATE REQUESTED:

DATE MAILED/NOTES:

NAME AS IT APPEARS ON THE LICENSE, REGISTRATION OR PERMIT

LICENSE, REGISTRATION OR PERMIT NUMBER

ADDRESS (STREET) (CITY) (STATE) (ZIP)

DUPLICATE LICENSE, REGISTRATION OR PERMIT REQUESTED CHECK ONE

- ☐ Pharmacist
- ☐ Technician
- ☐ Pharmacy Intern
- ☐ Pharmacy
- ☐ Drug Distributor
- ☐ Drug Manufacturer/Registrant
- ☐ Drug Outsourcer
- ☐ Third-Party Logistics Provider

REASON FOR REQUEST (CHECK ONE)

NOTE: A duplicate license will be issued for replacement purposes only. Requests for additional copies of licensees without a reason identified below will not be processed and fees will be forfeited. Visit the MOPRO online license portal to print a free copy of your license/permit at: https://pr.mo.gov/pharmacists-forms.asp.

- ☐ Lost License
- ☐ License was destroyed
- ☐ License was stolen
- ☐ License never arrived in mail
- ☐ Wallet card was lost/stolen (5X7 license must be returned with this form to process request for duplicate wallet card)
- ☐ Other _____

MILITARY SERVICE

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ YES ☐ NO

Would you like to receive information and assistance regarding veterans benefits and services? ☐ YES ☐ NO

May the agency share your contact information with the Missouri Veterans Commission to provide such information?

General information may also be found on the Missouri Veterans Commission's website https://mvc.dps.mo.gov/.

☐ YES ☐ NO

ATTESTATION

I, the undersigned do solemnly swear or affirm that I am the (check one):

☐ Licensee ☐ Registrant ☐ Pharmacist-in-Charge ☐ Manager-in-Charge ☐ Officer/Owner

of license number _____, and I hereby request a duplicate of that license, registration, or permit. I further attest that the information provided herein is correct to my knowledge, and that this request is for replacement purposes only.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY	SIGNATURE OF APPLICANT ▶
DATE	PRINT NAME

NOTARY PUBLIC EMBOSSER OR RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	