



STATE BOARD OF PHARMACY

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**REGISTRATION APPLICATION:
Duplicate Pocket Card
Form LA-80**

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.
In accordance with K.S.A. 65-1644, the Board may only issue duplicates as a result of loss or destruction.

LICENSE or REGISTRATION INFORMATION

First Name	Middle Name	Last Name	
Kansas License/Registration Number		Type: <input type="checkbox"/> Pharmacist <input type="checkbox"/> Intern <input type="checkbox"/> Technician	
Address			
City	State	Zip	County
Home Phone	Cell Phone		Email

APPLICANT CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form, that the document referenced above has been lost or destroyed and has not been given away or disposed of to some other person, and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED