

**STATE BOARD OF PHARMACY**800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056**REGISTRATION APPLICATION:****Duplicate Wall License –
Pharmacists Only
Form LA-85****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 duplicate wall certificates as a result of loss or destruction.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy for \$10.00. Fees are nonrefundable.

LICENSE INFORMATION

| | | | |
|-----------------------|-------------|-----------|--------|
| First Name | Middle Name | Last Name | |
| Kansas License Number | | | |
| Address | | | |
| City | State | Zip | County |
| Home Phone | Cell Phone | | Email |

ORIGINAL CERTIFICATE

| | |
|--------------------|--------------------------------|
| Name Printed | |
| Date Issued | Original Kansas License Number |
| Reason for Request | |

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 wall certificate 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

| | | | |
|-----------------|------------------------|-------------|----------------|
| Initials: _____ | OFFICE USE ONLY | | |
| Permit #: _____ | Fee: \$ _____ | Date: _____ | Check #: _____ |