



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101



Instructions to submit a Replacement License Request Form

Board Regulations -

- A replacement initial license or renewal license shall be issued by the Board upon payment of a fee as prescribed in [N.J.A.C. 13:39-1.3](#), and upon submission of proof of the applicant's identity, and reasonable proof of the loss or destruction of the initial license or renewal license, or upon return of the damaged initial license or renewal license to the Board. [N.J.A.C. 13:39-3.2](#).

Submission -

- Once you have completed the Replacement License Request Form, please upload it to your **individual** (i.e. 28RI00123450, 28RW00123450) New Jersey *MyLicense* account to be reviewed. (This is the same account utilized to complete your annual license renewals).
- To log in, please click the following link: [MyLicense](#)
- Once logged-in, you will be brought to your *MyLicense* homepage. To submit the Replacement License Request Form to be reviewed, click **"Upload License Documents"** on the left-hand side menu, and follow the instructions to upload the form.
- If you need to update your mailing address/email address, this can also be done from your *MyLicense* homepage. Click **"Update Mailing Address"** on the left-hand side menu and follow the instructions.

Please Note

Individual acknowledgement of receipt will not be provided. However, Board staff will contact you via email if further information is required, or to send an invoice. **Please make sure your email address is up-to-date, as this is the primary communication method utilized.**

Menu	Licensing Home Page
Renew License	Below is the list of your licenses with the NJ DCA.
Initial Application	- In order to begin, please select the appropriate link to the left.
Update Mailing Address	- To view licenses eligible for renewal and to complete the renewal application process, click the Renew License link on the menu to the left.
Update Public Address of Record	- To view the status of license requirements for approval or to continue working on a specific application, click the View Checklist or Continue link below on the appropriate license (<i>NOTE: All requirements will show as "Unchecked" if you have not yet fully submitted your application</i>).
Upload License Documents	- CHHA Employers: To verify your employees, select Manage Employees from the menu on the left.
Reinstatement	
Invoices	
Logout	



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Replacement License Request Form

Name _____
First name Middle name Last name

License No. _____

Address of record _____

Mailing address _____

Date of Birth _____
Month Day Year

Telephone number _____ (include area code)

Email address _____

Reason for Request

- License Lost
- License Destroyed
- License Stolen
- License Never Received

Replacement License Fee: \$25.00 - Check box to acknowledge

Print full name

Signature

Date