



Montana Department of LABOR & INDUSTRY

NAME _____
ADDRESS _____
CITY/STATE/ZIP CODE _____
LICENSE NUMBER _____

Name, address and license number of previous employer:

Business License # _____
Date Stopped _____

Name, address and license number of present employer:

Business License # _____
Date Started _____

Presently Not Employed

24.174.403 CHANGE IN ADDRESS AND/OR EMPLOYMENT (1) All licensees shall notify the board in writing within 30 days of any change in employment and/or any change of business or personal address. A form is available on the website at: pharmacy.mt.gov go to "Forms" "General Forms" "Employment Change"