

## CHANGE OF LICENSEE FORM

**License Operational Name:** \_\_\_\_\_

**License Number (TLC):** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

### Instructions

Licensed psilocybin manufacturers, service centers and laboratories may use this form to remove individual and legal entity licensees from their approved business structure. and add applicants to the licensed business.

### Removal of Individual Licensee

Please list the individual licensee to be removed.

Individual Licensee Name: \_\_\_\_\_

Signature of Removed Licensee: \_\_\_\_\_

### Removal of Legal Entity Licensees

Please list the legal entity to be removed.

Legal Entity Licensee Name: \_\_\_\_\_

**Addition of Individual Licensees**

Please list individual licensees you propose to add and complete a separate [Individual Applicant Information Form](#) for each addition.

Individual Applicant Name(s): \_\_\_\_\_

**Addition of Legal Entity Licensees**

Please list the legal entity licensees you propose to add and complete a separate [Legal Entity Applicant Form](#) for each addition.

Legal Entity Applicant Name(s): \_\_\_\_\_

**Printed Name of Licensee Completing this Form:**

\_\_\_\_\_

**Signature of Licensee Completing this Form:**

\_\_\_\_\_

**Date:** \_\_\_\_\_