

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627
Helena, AR 72342
Fax Line: (870) 572-2847
Cell: 601-954-1278

RENEWAL FORM

RENEWAL YEAR: July 1, 2021 to June 30, 2022

NEW Applicant must include the following:

- 1. Completed Application Form and Application fee in the amount of \$60.00
- 2. If Applicant is a domestic corporation, a copy of its Articles of Incorporation;
- 3. If Applicant is a foreign corporation, a copy of its proof of authority to conduct business within the State of Arkansas.

RENEWING Applicants must include the following:

- 1. Completed Application Form and Application fee in the amount of \$60.00
- 2. The Application Form and Application Fee must be received (or postmarked) no later than June 10th of the renewal year. Applications postmarked after June 10th and received after June 30th will be subject to a late fee. See AR Board of Dispensing Optician Rule 11.11.

NAME OF APPLICANT: _____

E-MAIL ADDRESS: _____

MAILING ADDRESS OF APPLICANT: _____

CITY, STATE, ZIP: _____ TELEPHONE: _____

NAME OF BUSINESS: _____

NAME OF OWNER OF BUSINESS: _____

E-MAIL ADDRESS: _____

LOCATION OF BUSINESS: (STREET NO., CITY) _____

MAILING ADDRESS OF BUSINESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____ FAX: _____

IF INCORPORATED PLEASE PROVIDE THE FOLLOWING INFORMATION:

CORPORATE NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

NAME OF AGENT FOR SERVICE:

STREET ADDRESS, CITY, ZIP: _____

MAILING ADDRESS, CITY, ZIP: _____

TELEPHONE: _____ FAX: _____

OPTICAL CENTER HOURS OF OPERATION: LIST HOURS OPEN FOR EACH DAY OF THE WEEK.

SUNDAY: _____

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

NAME, LICENSE NUMBER AND HOURS TO BE WORKED BY ALL LICENSED OR REGISTERED DISPENSING OPTICIANS.

NAME AND EMAIL ADDRESS	LICENSE NUMBER	HOURS PER WEEK WORKING AT THIS LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME, LICENSE NUMBER AND HOURS TO BE WORKED BY ALL APPRENTICE DISPENSING OPTICIANS.

APPRENTICE NAME AND EMAIL ADDRESS	APPRENTICE NUMBER	HOURS PER WEEK WORKING AT THIS LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE

SIGNATURE