

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627

Helena, AR 72342

Voice and Fax Line: (870) 572-2847

RETEST APPLICATION

Fee: \$150.00, to be enclosed with this form.

This form is for those that have previously taken the written or practical examination and need to retake the examination.

Date of last exam: _____

Name: _____
(First) (Middle) (Last)

Birth Date: _____ Social Security Number _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Place of Employment: _____

Apprentice Certificate Number: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Your present duties: _____

PRACTICAL EXAMINATION, SATURDAY, _____
DEADLINE TO RECEIVE APPLICATIONS _____