CHANGE OF ADDRESS OR EMPLOYMENT FORM

Rule 9.2 requires all licensees to provide written notice to the Board on any change in a residential or business address within 10 working days of the change. Notices and Renewal information will be sent to the last known address on file with the Board.

☐ Change in residential address
☐ Change in mailing address, if different from residential address
☐ Change in Employer

NAME and LICENSE NUMBER: _________________________________________________

NEW RESIDENTIAL ADDRESS: _________________________________________________
______________________________________________________________________________
CITY     STATE   ZIP                                   PHONE

NEW MAILING ADDRESS: _____________________________________________________
______________________________________________________________________________
CITY     STATE   ZIP                                   PHONE

NEW EMPLOYER:  ____________________________________________________________
NEW BUSINESS MAILING ADDRESS: __________________________________________
______________________________________________________________________________
CITY     STATE   ZIP                                   PHONE

EFFECTIVE DATE OF CHANGE:  _______________________________________________

NOTE: IF YOU ARE AN APPRENTICE DISPENSING OPTICIAN YOU MUST SUBMIT A NEW SUPERVISION AGREEMENT WITH THIS FORM WHEN YOU CHANGE EMPLOYERS.

________________    __________________________________________
date                                                                   signature

FAX OR MAIL THIS FORM TO THE ADDRESS OR PHONE NUMBER ABOVE.