



ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342

Voice and Fax Line: 870-572-2847

Cell (601) 954-1278

Dear Office Permit Holder:

Enclosed you will find the Office Permit Renewal Form for the year 2022-2023. Arkansas Code Annotated §17-89-408 requires that your Office Permit must be renewed on or before July 1, 2022. In order to ensure timely renewal and receipt of your Office Permit for 2022-2023, renewal forms and fees must be returned or postmarked not later than June 10, 2022.

Please answer all questions. List all apprentice, registered, and licensed opticians working in the optical business. A completed renewal form along with the renewal fee of \$60.00 must be postmarked or received in the Board office by June 10, 2022 to ensure that you will receive your 2022-2023 Office Permit by July 1, 2022. If your optical business operates after July 1, 2022 without the 2022-2023 Office Permit properly displayed, you and your employees may be found in violation of Board Rules.

We have also included a copy of the current renewal form. **Please make sure all your employees have the correct renewal form and have it completed and postmarked by June 10, 2022.** You may make copies if necessary. If you have any questions, please feel free to contact the board at the address given above.

Sincerely,

Jerry Himes
Secretary

ARKANSAS BOARD OF DISPENSING OPTICIANS

Enclosure

ARKANSAS BOARD OF DISPENSING OPTICIANS

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Fax Line: (870) 572-2847 | Cell: 601-954-1278

RENEWAL FORM

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

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, STATE, ZIP:

MAILING ADDRESS:

CITY, STATE, ZIP:

TELEPHONE:

FAX:

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

IF INCORPORATED PLEASE PROVIDE THE FOLLOWING INFORMATION:

_____ SUNDAY:	_____ THURSDAY:
_____ MONDAY:	_____ FRIDAY:
_____ TUESDAY:	_____ SATURDAY:
_____ WEDNESDAY:	_____

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