

ARKANSAS STATE BOARD OF DISPENSING OPTICIANS
POST OFFICE BOX 627
HELENA, ARKANSAS 72342
Voice or Fax: 870-572-2847

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.