



# ARKANSAS BOARD OF DISPENSING OPTICIANS

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

## OFFICE PERMIT RENEWAL FORM

**Office Permit RENEWAL YEAR: July 1, 2026 to June 30, 2027**

### 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.
3. You MUST have proper coverage. If the Optical is open for more than 40 hours a week you must have **TWO** licensed Opticians, listed on renewal form. **THE OPTICIAN AND APPRENTICE LISTED ON THE OFFICE PERMIT RENEWAL FORM MUST SIGN THE FORM VERIFYING THE HOURS THEY WORKED IN THE OPTICAL.**

**Name of Applicant:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Name of Owner of Business: \_\_\_\_\_ Email Address: \_\_\_\_\_

Location of Business (STREET # and CITY): \_\_\_\_\_

Mailing Address of Business: (STREET and APT # or P.O. BOX): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

IF INCORPORATED PLEASE PROVIDE THE FOLLOWING INFORMATION:

Corporate Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Name of Agent for Service:** \_\_\_\_\_

Street Address, City, Zip: \_\_\_\_\_

Mailing Address, City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Check the days of the week that the optical center is open for business: List hours open for each day of the week

Sunday \_\_\_\_\_       Monday \_\_\_\_\_       Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_       Thursday \_\_\_\_\_       Friday \_\_\_\_\_       Saturday \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date