

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Voice and Fax Line: (870) 572-2847

CHANGE OF ADDRESS OR EMPLOYMENT FORM

Board 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: _____ License Number: _____

New Residential Address: _____

City/State/Zip: _____ Phone: _____

New Mailing Address: _____

City/State/Zip: _____ Business Phone: _____

New Employer: _____

New Business Mailing Address: _____

City/State/Zip: _____ Business 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.

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

Signature

DATE