ARKANSAS BOARD OF DISPENSING OPTICIANS

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

OFFICE PERMIT RENEWAL FORM

Office Permit RENEWAL YEAR: July 1, 2023 to June 30, 2024

INSTRUCTIONS

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 June10th 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:	
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:	
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday	☐ Thursday ☐ Friday ☐ Saturday
List the hours that the optical center is open for business:	

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 NAME, LICENSE # AND HOURS TO BE WORKED BY ALL APPRENTICE DISPENSING OPTICIANS. NAME AND EMAIL ADDRESS APPRENTICE NUMBER HOURS PER WEEK AT THIS LOCATION Signature Date