



# State Board of Optometry

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FOR BOARD  
USE ONLY:  
Fee Paid: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Date: \_\_\_\_\_  
Branch License No.  
\_\_\_\_\_

## Application Duplicate License for Branch Office Optometrist

It is the responsibility of the licensee to apply for a duplicate license for each branch office location. Duplicate licenses are unique to each branch and are not transferrable. If a licensee is no longer practicing at a branch location, the license is to be returned to the state board office. Mail the completed and signed application with fee to the board office for processing.  
Fee - \$50

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

Primary Office Address: \_\_\_\_\_

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

County: \_\_\_\_\_ Phone: \_\_\_\_\_

License Number: \_\_\_\_\_ Drug Number: \_\_\_\_\_

### Branch Office Information

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Days and Hours Branch Office Open: \_\_\_\_\_

Names and License Numbers of  
other Arkansas Licensees at Branch: \_\_\_\_\_

**The above information supplied by me in submitting the application for a duplicate license is to the best of my knowledge, accurate. I understand the responsibility of securing a duplicate branch license before beginning to practice Optometry in this branch location.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Large Certificate for Branch Office Location (Y/N) \_\_\_\_\_