



State Board of Optometry

4815 W. Markham St., Slot 70

Little Rock, AR 72205

Phone: (501) 534-6139

Fax: (501) 534-6026

www.arkoptometry.org

ADH.OptometryBoard@arkansas.gov

FOR BOARD

USE ONLY:

Fee Paid: _____

Approved: _____

Date: _____

Notification Form – Change of Address Branch Practice

It is the responsibility of the licensee to notify the board of a practice location address change. Submit written notice via this form to the board office before practicing at the new location.

Fee - \$30

Name: _____

Current Branch Office Address: _____

City: _____ State: _____ Zip: _____

County: _____ Primary Phone: _____ License Number: _____

New Branch Office Address

Address: _____

City: _____ Zip: _____ County: _____

New Phone: _____ New Fax: _____

New Home Address

Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Days and Hours at Branch Location: _____

Names and License Numbers of other
Arkansas Licensees at this Location: _____

Date: _____ Signature: _____