



State Board of Optometry

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FOR BOARD
USE ONLY:
Fee Paid: _____
Approved: _____
Date: _____

Notification Form – Change of Address Primary 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 Primary Office Address: _____

City: _____ State: _____ Zip: _____

County: _____ Primary Phone: _____ License Number: _____

New Primary 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 Primary Location: _____

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

Date: _____ Signature: _____