



State Board of Optometry

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FOR BOARD

USE ONLY:

Fee Paid: _____

Approved: _____

Date: _____

Registration Number: _____

Registration Form

Mail Order Contact Lens Seller

It is the responsibility of the contact lens seller to register to sell contact lenses in Arkansas annually. You must send in the registration form and fee by December 31 of this year to continue to legally sell contact lenses in Arkansas next year.

Proof of current licensure must accompany this registration form.

Mail the completed and signed registration form with fee to the board office for processing.

Fee - \$1,000

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business City: _____ Business State: _____ Business Zip: _____

Business Phone: _____ Business Fax: _____

Toll Free Telephone - Patient: _____ Toll Free Telephone – Doctor: _____

Supervising Optometrist and/or Ophthalmologist

Name: _____ O.D. _____ M.D. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

States Licensed to
Practice in and
License Numbers: _____

Practice Address: _____

Practice City: _____ Practice State: _____ Practice Zip: _____

Practice Telephone: _____ Practice Fax: _____

Practice Email Address: _____

Name of Agent for Service

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

The above information supplied by me in submitting the registration to sell mail order contact lenses is to the best of my knowledge, accurate. I understand the responsibility of securing registration annually before selling contact lenses to patients in Arkansas.

Date: _____ Signature: _____