

APPLICATION

LICENSE

Date Received _____ Date Approved _____

Fee Paid \$ _____ Receipt # _____

Fee Paid \$ _____ Receipt # _____ Date License Mailed _____

License # _____ Eff.Date _____

(DO NOT WRITE ABOVE THIS LINE)



ARIZONA STATE BOARD OF DISPENSING OPTICIANS

APPLICATION FOR DISPENSING OPTICIAN LICENSE BY COMITY

Social Security Number (Required by A.R.S.§25-320) _____

Applicant's Name _____
(Print or type name as you desire it to appear on license)

Home Address _____
(Street & Number) (City) (State) (Zip) (Home Phone)

Current Employer _____

Address _____
(Street & Number) (City) (State) (Zip) (Work Phone)

HISTORY

Have you ever been convicted of a crime other than minor traffic violations? Yes ____ No ____
(If "Yes", attach details)

Have you ever been refused a professional or occupational license in any state? Yes ____ No ____
(If "Yes", attach details)

Have you ever had a professional or occupational license suspended or revoked? Yes ____ No ____
(If "Yes", attach details)

PREVIOUS/CURRENT LICENSURE

Do you presently hold a valid and subsisting dispensing optician's license in good standing in another state?

_____ License No. _____ State _____ Date of Issuance _____ Date of Expiration _____

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(ATTACH A PHOTOCOPY OF YOUR LICENSE, ACCOMPANIED BY A LETTER FROM AN OFFICER OF THE LICENSING BOARD VERIFYING THAT THE LICENSE IS VALID AND IN GOOD STANDING, AND THAT THE LICENSE IS VALID TO DISPENSE BOTH EYEGLASSES AND CONTACT LENSES)

CURRENT NON-REFUNDABLE APPLICATION FEE: \$100.00

INSTRUCTIONS

- This application should be typewritten or legibly printed and mailed or delivered to:

Arizona State Board of Dispensing Opticians
1400 W. Washington, Room 230
Phoenix, Arizona 85007.

The board will act only on those applications, which are completely and properly completed by the applicant. Answer all questions relative to your application as completely as possible.

- Provide a photocopy of your license **and** a letter from an officer of the licensing board verifying that you are licensed to dispense **eyeglasses and contact lenses**, the date the license expires and any disciplinary actions against that license.
- Provide verification of successful passage of the American Board of Opticianry (eyeglass) Examination and the National Contact Lens Examination either by letter from the A.B.O. or the original test scores.
- Your application will be reviewed at the next regularly scheduled Board meeting. Meetings are usually held the first Wednesday of the month.
- Continuing education credits as outlined in the board Rule R4-20-120 are required.
- A non-refundable application fee of \$100.00 must accompany this application. This application fee must be in the form of a money order or cashier's check, made payable to the Arizona State Board of Dispensing Opticians. Upon approval of application, a license fee of \$100.00 will be required to obtain a dispensing license. You may submit both fees at the same time.
- Arizona opticians' licenses are renewable annually for a fee of \$135.00.
- Contact the Board Office at (602) 542-3095 with questions concerning your application.