

APPLICATION

LICENSE

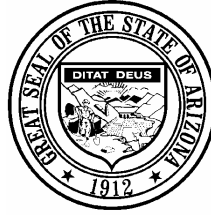
Received _____ Receipt No. _____

License No. _____

Fee Paid \$ _____ Date approved _____

Eff. Date _____ Date Mailed _____

(Do not write above this line)



ARIZONA STATE BOARD OF DISPENSING OPTICIANS

APPLICATION FOR REINSTATEMENT OF DISPENSING OPTICIAN LICENSE

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

Name _____
(Print name as it appears on your original license)

Name _____
(Print name you desire it to appear on license, if different from above)

Home Address _____
(Number and Street)

_____ Telephone No. _____
(City, State and Zip Code)

Current Employer _____

Address _____
(If more than one location, print location at which you are employed the majority of time.)

_____ Telephone No. _____
(City, State and Zip Code)

HISTORY

- Have you ever been convicted of a crime other than minor traffic violations since your license was last renewed? Yes _____ No _____
(If "Yes", attach details)
- Have you ever had a professional or occupational license suspended or revoked since your license was last renewed? 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)

TO HAVE YOUR LICENSE REINSTATED UNDER THE PROVISIONS OF A.R.S. §32-1684(D),(E), YOU MUST COMPLETE THIS APPLICATION AND MAIL IT, WITH THE FEE OF **\$235.00** (\$135.00 renewal application fee and \$100.00 late fee) TO THE BOARD OFFICE. YOUR APPLICATION WILL BE REVIEWED AT THE NEXT SCHEDULED BOARD MEETING.

(Application continued on Reverse Side)

CURRENT NON-REFUNDABLE APPLICATION FEE: \$135.00 + \$100.00 Late fee

**PLEASE ATTACH APPLICANT'S PHOTOGRAPH
TAKEN WITHIN THE LAST SIX MONTHS.**

*(Affix Photograph Here
no smaller than 1½ X 2")*

Practical examination successfully completed on: _____

ABO successfully completed on: _____

NCLE successfully completed on: _____

AFFIDAVIT OF APPLICANT

State of _____

County of _____

I, _____ (Applicant's Name), first duly sworn, says that applicant is the person referred to in the above application for reinstatement of a dispensing optician license in the State of Arizona, that the statements herein contained are strictly true in every respect and that applicant is not in default of or violation of the provisions of A.R.S. §§32-1671 through 1699 or A.A.C. R4-20-101 through R4-20-121 inclusive.

(Signature of Applicant)

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

COMMISSION EXPIRATION DATE

Application and fee must be mailed or delivered to:

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

Title II of the Americans with Disabilities Act (ADA) prohibits the Arizona State Board of Dispensing Opticians from discriminating on the basis of disability in the provision of its programs, services and activities