

ARKANSAS BOARD OF DISPENSING OPTICIANS

Post Office Box 627 | Helena, AR 72342 | Voice and Fax Line: (870) 572-2847

URGENT NOTICE

Ark. Code Ann. § 17- 89-404 (d) requires ALL OPTICAL DISPENSARIES in the State of Arkansas whose title does not include the proper name of an Arkansas Optometrist or Arkansas Physician skilled in the disease of the eye, or a Licensed or Registered Dispensing Optician holding a valid certificate of licensure or registry in the State of Arkansas to file the following certificate of ownership with the Arkansas State Board of Dispensing Opticians each year between June 1st and June 30th.

Our records indicate that the OWNER'S NAME does not appear in the title of this optical dispensary. Please complete the following information and return it to the State Board of Dispensing Opticians office no later than June 30th. If your business does not dispense optical wear, please check the appropriate box below so that we may remove you from our records as an optical dispensary. Failure to provide Ownership Information may result in a complaint referral to the appropriate licensing board of the Owner.

CERTIFICATE OF OWNERSHIP

Name of Optical Dispensary: _____

Address: (STREET and APT # or P.O. BOX): _____

City/State/Zip: _____ Business Phone: _____

E-Mail Address: _____

Federal Tax ID Number: _____ Arkansas Sales Tax Number: _____

Name of Owner (MD or OD): _____

Owner's Address: (STREET and APT # or P.O. BOX): _____

City/State/Zip: _____ Business Phone: _____

If Owner is NOT an Arkansas Optometrist or Arkansas Physician skilled in the disease of the eye, list the names and addresses of supervising optician/s who maintain legal responsibility for the optical dispensary: Attach separate page if necessary.

Optician's Name: _____

Home Address: (STREET and APT # or P.O. BOX): _____

City/State/Zip: _____ Phone: _____

Check the days of the week that the optical dispensary is open for business:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

List the hours that the optical dispensary is open for business: _____

This business, (Business Name) _____, does not conduct optical dispensing.

Owner's Name (Print)

Owner's Signature

DATE