



State Board of Optometry

4815 W. Markham St., Slot 70

Little Rock, AR 72205

Phone: (501) 534-6139

Fax: (501) 534-6026

www.aoptometry.org

ADH.OptometryBoard@arkansas.gov

FOR BOARD
USE ONLY:
Fee Paid: \$0 _____
Approved: _____
Date: _____
Branch License No. _____

Application Duplicate License for Branch Office Optometrist

It is the responsibility of the licensee to apply for a duplicate license for each branch office location. Duplicate licenses are unique to each branch and are not transferrable. If a licensee is no longer practicing at a branch location, the license is to be returned to the state board office. Mail the completed and signed application with fee to the board office for processing.
Fee - \$0

Name: _____

Primary Office Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

License Number: _____ Drug Number: _____

Branch Office Information

Address: _____

City: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

Days and Hours Branch Office Open: _____

Names and License Numbers of
other Arkansas Licensees at Branch: _____

The above information supplied by me in submitting the application for a duplicate license is to the best of my knowledge, accurate. I understand the responsibility of securing a duplicate branch license before beginning to practice Optometry in this branch location.

Date: _____ Signature: _____

Large Certificate for Branch Office Location (Y/N) _____