



State Board of Optometry

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FOR BOARD
USE ONLY:
Fee Paid: _____
Approved: _____
Date: _____

Application Professional Corporation

It is the responsibility of the licensee to notify the board of a professional corporation entity. Submit written notice via this form to the board office along with a copy of the Articles of Incorporation.
Fee - \$25

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Corporation License Number: _____

Chief Corporate Officer: _____ Title: _____

License Number: _____

Stockholders, Officers and/or Employees who are Arkansas Licensees

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

The above information supplied and/or verified by me in submitting the application for a professional corporation as noted above is, to the best of my knowledge, accurate.

Date: _____ Signature: _____