

ARKANSAS BOARD OF DISPENSING OPTICIANS

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

URGENT NOTICE

Ark. Code Anno. § 17- 89-404 (d) requires ALL OPTICAL DISPENSARIES in the State of Arkansas whose name 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 it return 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 _____

Street/P.O. Box

City, State, Zip

Business Phone

Federal Tax ID Number _____

Arkansas Sales Tax Number _____

Name of Owner/(MD or OD) _____
(First) (Middle) (Last)

Owner's Address _____
Street/P. O. Box

City, State, Zip

Phone Number

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 _____
(First) (Middle) (Last)

Optician's Home Address _____
Street/P. O. Box

City, State, Zip

Phone Number

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, _____, does not conduct optical dispensing.
Business Name

Owner's Name (Print)

Owner's Signature

DATE