



ARKANSAS BOARD OF DISPENSING OPTICIANS

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

OFFICE PERMIT RENEWAL FORM

Office Permit RENEWAL YEAR: July 1, 2025 to June 30, 2026

NEW Applicants must include the following:

1. Completed Application Form and Application fee in the amount of \$60.00
2. If Applicant is a domestic corporation, a copy of its Articles of Incorporation;
3. If Applicant is a foreign corporation, a copy of its proof of authority to conduct business within the State of Arkansas.

RENEWING Applicants must include the following:

1. Completed Application Form and Application fee in the amount of \$60.00
2. The Application Form and Application Fee must be received (or postmarked) no later than June 10th of the renewal year. Applications postmarked after June 10th and received after June 30th will be subject to a late fee. See AR Board of Dispensing Optician Rule 11.11.
3. Email addresses must be included on form.

Name of Applicant: _____

Email Address: _____

Mailing Address of Applicant: _____

City/State/Zip: _____ Telephone: _____

Name of Business: _____

Name of Owner of Business: _____ Email Address: _____

Location of Business (STREET # and CITY): _____

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

City/State/Zip: _____

Business Phone: _____ Business Fax: _____

IF INCORPORATED PLEASE PROVIDE THE FOLLOWING INFORMATION:

Corporate Name: _____

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____ Business Fax: _____

Name of Agent for Service: _____

Street Address, City, Zip: _____

Mailing Address, City, Zip: _____

Telephone: _____ Fax: _____

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

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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

NAME, LICENSE # AND HOURS TO BE WORKED BY ALL LICENSED OR REGISTERED DISPENSING OPTICIANS.

NAME AND EMAIL ADDRESS	LICENSE NUMBER	HOURS PER WEEK AT THIS LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME, LICENSE # AND HOURS TO BE WORKED BY ALL APPRENTICE DISPENSING OPTICIANS.

NAME AND EMAIL ADDRESS	APPRENTICE NUMBER	HOURS PER WEEK AT THIS LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date