



State Board of Optometry

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FOR BOARD
USE ONLY:
Fee Paid: \$0_

Approved: _____

Date: _____

Notification Form – Change of Address Branch Practice

It is the responsibility of the licensee to notify the board of a practice location address change. Submit written notice via this form to the board office before practicing at the new location.

Fee - \$0

Name: _____

Current Branch Office Address: _____

City: _____ State: _____ Zip: _____

County: _____ Primary Phone: _____ License Number: _____

New Branch Office Address *Check box if closing the current branch and not adding a new branch address*

Address: _____

City: _____ Zip: _____ County: _____

New Phone: _____ New Fax: _____

New Home/Mailing Address *Not Applicable*

Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Days and Hours at Branch Location: _____

Names and License Numbers of other
Arkansas Licensees at this Location: _____

Date: _____ Signature: _____