



State Board of Optometry

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FOR BOARD
USE ONLY:
Date Received:

Renewal Change in Status

If you wish to change your status, please fill out this form and return to the Board office via mail, fax or email.

Name: _____

License Number: _____

Previous Status : Active _____ Retired _____

New Status : Active _____ Retired _____

Check here if you do not wish to renew your license: _____

The above information supplied and/or verified by me in submitting my change in status is, to the best of my knowledge, accurate.

Date: _____ Signature: _____