

ARKANSAS STATE BOARD OF DISPENSING OPTICIANS  
POST OFFICE BOX 627  
HELENA, ARKANSAS 72342  
Voice or Fax: 870-572-2847

**CHANGE OF ADDRESS OR EMPLOYMENT FORM**

**Rule 9.2 requires all licensees to provide written notice to the Board on any change in a residential or business address within 10 working days of the change. Notices and Renewal information will be sent to the last known address on file with the Board.**

- Change in residential address
- Change in mailing address, if different from residential address
- Change in Employer

NAME and LICENSE NUMBER: \_\_\_\_\_

NEW RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP PHONE

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP PHONE

NEW EMPLOYER: \_\_\_\_\_

NEW BUSINESS MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP PHONE

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

**NOTE: IF YOU ARE AN APPRENTICE DISPENSING OPTICIAN YOU MUST SUBMIT A NEW SUPERVISION AGREEMENT WITH THIS FORM WHEN YOU CHANGE EMPLOYERS.**

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

**FAX OR MAIL THIS FORM TO THE ADDRESS OR PHONE NUMBER ABOVE.**