

Office of Professional Licensing and Certification
121 South Fruit Street
Concord, New Hampshire 03301
(603)271-9254

**APPLICATION FOR REGISTRATION
OPHTHALMIC DISPENSER**

Please return application to the above address along with a check made payable to "Treasurer State of New Hampshire" in the amount of \$110.00.

IMPORTANT NOTICE: Once you have obtained your ophthalmic dispensing registration, you will be required to obtain 8 hours of continuing education prior to renewing your registration. You may review the continuing education requirements at <http://www.gencourt.state.nh.us/rules/he-p6000.html>.

PERSONAL

Name: _____ Home Phone: _____ Date of Birth: _____

Home Address: _____
Street/PO Box City/Town State Zip Code

BUSINESS

Name of Business: _____ Business Tel.# _____

Business Address: _____
Street/PO Box City/Town State Zip Code

If corporation, give name and address of each officer.

Name of Corporation: _____

Name of Officer: _____ Address: _____

Name of Officer: _____ Address: _____

Name of Officer: _____ Address: _____

If partnership, provide name and business address of each partner.

Name: _____ Address: _____

Name: _____ Address: _____

List each state in which you are currently or have been licensed or registered:

State of _____ Effective Dates: _____

State of _____ Effective Dates: _____

Have you ever had an application for registration or license denied, had our registration or license suspended or revoked, or had any other disciplinary action taken against you in this or any other state? ___Yes ___No. If yes, please specify and attach supporting documentation.

2x2 Size Photograph of Applicant's Face
(a photocopy of your drivers license is not accepted)

The Office of Professional Licensing and Certification is required by law to ask for your social security number. The number will be held confidential by the Office and used only for enforcement of the laws governing child support.
(42 USC 666(a)(13); RSA 161-B:11)

Social Security #: _____ - _____ - _____

Signature of Applicant

Date