



OHIO OPTICAL DISPENSERS BOARD

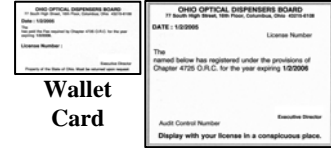
77 SOUTH HIGH ST. 16TH FLOOR
COLUMBUS, OHIO 43215-6108
(614) 466-9709 FAX (614) 995-5392

WWW.OPTICAL.OHIO.GOV
Email: odb@odb.ohio.gov

AFFIDAVIT OF NAME CHANGE

INSTRUCTIONS:

Return this Completed and Notarized form along with your current WALLET CARD and your current Renewal License/Registration. A new Wallet Card and Renewal License/Registration will be returned with the correct name.



DO NOT return your original frameable wall certificate. You will **not** receive a new frameable wall certificate.

Renewal License

There is no fee required for a name change.

You will not receive a new wallet card/renewal license/registration until we have received this form (Completed and Notarized) and both the wallet card and the renewal license/registration.

PLEASE NOTE: THIS NOTARIZED FORM CANNOT BE ACCEPTED BY FAX.

Date _____

License # _____

SS # _____

Apprentice Registration # _____

SS # _____

Name on Current License/Registration _____
Please Print

New Name _____
Please Print Name As It Should Appear On the License/Registration

Address _____

City, State, Zip _____

Is this a change of address? Yes No

Phone # (_____) _____ - _____

This is to certify that the information provided above is true and accurate.

Signature _____

Sworn to and signed before me this

_____ day of _____ 20____

Seal

Signature of Notary Public

Expiration Date of Commission