

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

STATE BOARD OF OPTOMETRY
RENEWAL APPLICATION – OPTOMETRY BRANCH

Print Full Name

License Number

Print Street Address

Return to:
State Board of Optometry
PO Box 8415
Harrisburg, PA 17105-8415

City State Zip

To facilitate the processing of this branch renewal application, please note that it cannot be renewed until your optometry license is renewed.

_____ Check here if you are no longer practicing at this branch location, and sign and date the application to request inactive status.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S. § 4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee **(Mandatory)**: _____ Date: _____

EXPIRATION DATE →	11/30/2016 NOTE: Upon renewal the license will expire 11/30/2018
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$20.00
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 11/30/2016 PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES, RETURN BY: October 31, 2016	