

OREGON BOARD OF OPTOMETRY
CHANGE OF ADDRESS NOTIFICATION

Licensee Name: _____ License Number: _____

PRACTICE LOCATION			ADDRESS OF RECORD - all mail from Board (If other than your practice location)		
Change of Primary _____ Change/New Additional Location* _____					
	OLD LOCATION	NEW LOCATION		OLD	NEW
Business Name			Street Address		
Street Address			City, State, Zip		
City, State, Zip					
Phone Number:			Phone Number:		
Fax:			Fax:		
email:			email:		
* Include check payable to Oregon Board of Optometry in amount of \$45.00 for each new additional location, or \$90.00 for a multiple site certificate.					
effective date:			effective date:		
Authorizing Signature:					Date: