

OREGON BOARD OF OPTOMETRY

CHANGE OF ADDRESS OF RECORD NOTIFICATION

Licensee Name: _____

License Number: _____

Current Address: _____

Phone#: _____

New Address: _____

Phone #: _____

Effective Date: _____

If Practice Location: New: _____

Additional: _____

Signature: _____

Print Name: _____

Oregon Board of Optometry
P O Box 13967
Salem OR 97309-1967

Phone: (503)399-0662
Fax: (503)399-0705