



**APPLICATION FOR A DUPLICATE LICENSE FOR A BRANCH OFFICE  
NORTH CAROLINA STATE BOARD OF EXAMINERS IN OPTOMETRY**

**ADDRESS OF PRIMARY/PERMANENT OFFICE**

Name: \_\_\_\_\_ License No. \_\_\_\_\_  
(Last) (First) (Middle Initial)

Primary/Permanent Office Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ NC \_\_\_\_\_  
(City) (Zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

DEA Registration No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

If your practice is named, state the name: \_\_\_\_\_

State the days and hours your primary/permanent office is open: \_\_\_\_\_

**ADDRESS OF BRANCH OFFICE (for which this application is being made):**

\_\_\_\_\_ NC \_\_\_\_\_  
(Street) (City) (Zip)

County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\*\* DATE YOU BEGAN PRACTICE AT THIS LOCATION\*\*\*** \_\_\_\_\_  
(Month) (Day) (Year)

If the branch office is named, state the name: \_\_\_\_\_

Will there be an assistant employed in the branch office? YES NO

If yes, state whether full time or part time: \_\_\_\_\_

Will there be an assistant in the primary/permanent office during those hours  
you are in your branch office? YES NO

State the days and hours your branch office is open: \_\_\_\_\_

Will there be any other licensees of this Board practicing in this branch office? YES NO

*(continued on other side)*

The Board requires that **all** information submitted on this form  
be **accurate** and **complete in every detail.**

Failure to do so will result in the **denial of the application**  
and **it will be returned to you** to be properly completed.

If yes, give their name and license number:

\_\_\_\_\_  
\_\_\_\_\_

At the time of this application, do you practice in any other branch offices? YES NO

If yes, give the street address(es), city(s), zip code(s), and telephone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address to which the branch office license should be mailed:

\_\_\_\_\_  
(City) NC (Zip)

**I am fully aware that the responsibilities set forth in Article 6 of Chapter 90 of the General Statutes of North Carolina and the Rules, Regulations and Ethics of the North Carolina State Board of Examiners in Optometry and that these responsibilities are no less in my branch office than in my primary office. I understand that the duplicate license issued for the branch office is not transferable from one location to another or from one individual to another. Further, it is to be returned to the Board at the address below at such time as I no longer continue to practice in the branch office for which it was issued. An application fee in the amount of \$100.00 is enclosed with the application.**

\_\_\_\_\_  
(Date of application)

\_\_\_\_\_  
(Signature)

**Return to:**

NC Board of Optometry  
109 N. Graham St.  
Wallace, NC 28466

**For Board Use Only:**

Approved by the Board \_\_\_\_\_  
Denied \_\_\_\_\_  
Terminated \_\_\_\_\_

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