



**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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