OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
Board of Optometry
121 South Fruit Street, Suite 301
Concord, N.H. 03301-2412
Telephone 603-271-2428 · Fax 603-271-6702

PETER DANLES
Executive Director

JOSEPH G. SHOEMAKER
Division Director

APPLICATION FOR REGISTRATION AS AN OUT OF STATE CONTACT LENS DISPENSER

BUSINESS ORGANIZATION:

Name:_____

Address:_____

_____

Telephone Number:_____ Contact Person:_____

Primary Business Function or Type of Organization:_____

_____

Names and addresses of all Primary Business Owners:

_____

_____

_____

Application fee is $300.00 Checks should be made payable to "Treasurer State of New Hampshire"

Declaration:
The undersigned corporate officer does hereby declare that the Organization named herein is, to the best of his/her knowledge, in compliance with all applicable state or federal laws and regulations pertaining to dispensing of contact lenses in the state in which the organization is domiciled. The undersigned also declares that the organization named herein will comply with all applicable laws and regulations applicable to the sales of contact lenses in the state of New Hampshire.

_____
Signature of principal owner
or corporate officer