



**BOARD OF OPTOMETRY
SECONDARY BRANCH OFFICE APPLICATION
(Client: 1802)**

Fees: (1015)

Please complete form and return the fees (certified check or money order) to the address below. Also print legibly or type the information.

Licensure Fee	\$ 25.00
Unlicensed Activity Fee	\$ 5.00
Total Fees:	\$ 30.00

Name:

Last	First	Middle
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Branch Office License Number: _____ **Date of Birth:** _____
mm/dd/yyyy

Mailing Address:

Street

City **State** **Zip**

Secondary Branch Office Address: _____
Street

City **State** **Zip**

Email Address: _____

Branch Office Telephone Number: _____

I understand that the above listed office(s) contains the minimum equipment as required in Rule 64B13-3.004, F.A.C. As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.

Signature of Licensee **Date**

DH-MQA, 1136, 8/08
Rule 64B13-16.002, F.A.C.

Board of Optometry
Post Office Box 6330
Tallahassee, Florida 32399-6330
(850) 245-4355