

LICENSE OF RECORD -REQUEST FOR INFORMATION FROM DISPENSARY- 2024

I _____ am the owner/manager/license of record
 (Print name and license number) (Circle one, both or all)

of _____
 (Name of dispensary)

located at _____
 (Complete address)

Please list all Licensed Opticians and Contact Lens Licensed Opticians employed at this location

| Please print full name | License Number | Active 2023 License (Yes/No) |
|------------------------|----------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What services are provided at the dispensary (Please check all that apply):

- Eyeglass dispensing
- Contact lens fitting
- Contact lens dispensing
- Sight testing

Please attach your policy and/or procedures that apply when there is no Licensed Optician or Contact Lens Licensed Optician on the premises.

Please provide the hours that this location is open/closed:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|--------|---------|-----------|----------|--------|----------|
| Open | | | | | | | |
| Closed | | | | | | | |

