

**LICENSE OF RECORD - REQUEST FOR INFORMATION FROM DISPENSARY- 2025**

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 2024 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							

Please provide the name of the License of Record (Licensed Optician or Contact Lens Licensed Optician) and the hours that a License of Record is present at this location:

Name	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have students working in your dispensary?    Yes                  No

If yes please provide names and student registration numbers. **(As of September 2011, students in Manitoba are required to register with the Opticians of Manitoba and once registered, they are issued with a student registration card. Their student registration card must either be worn or prominently displayed at all times when they are working in the dispensary.**

Dated on this,\_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_

(Month) (Year)

Signature \_\_\_\_\_

Witness name \_\_\_\_\_

**Please return this form with both sides completed to the attention of the Registrar, Opticians of Manitoba. Completed forms must be dropped off or mailed to 215-1080 Portage Ave., Winnipeg, MB, R3G 3M3.**

**Do not fax** the completed form as original signatures are required. For additional information call the OOM at (204) 222-8404 or email oom@optm.ca