

LICENSE OF RECORD -REQUEST FOR INFORMATION FROM DISPENSARY- 2018

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 2018 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 _____

Signature _____

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

Date: January 4, 2018
Memo to: License of Record
From: Carol Ellerbeck, Registrar, Opticians of Manitoba

IMPORTANT WE ARE UPDATING OUR RECORDS

We are currently updating our records to ensure that Opticians of Manitoba are receiving communication and correspondence from the OOM in the format that best suits their needs. We therefore request that when you submit the form with the information that you as the License of Record have been asked to provide, that you also complete this document and include it with the form you are submitting. If you wish to have your business mail sent to your home address please include it rather than your business address below.

Please note that Opticians who request that correspondence be sent to them in ***hard copy format*** will be charged ***a fee of \$30.00 per year*** to cover the costs of printing and mailing. This fee can be submitted with this form, by certified personal cheque, company/business cheque, money order or can be paid over the phone by credit card.

Please call 204-222-8404 or email oom@optm.ca for assistance.

Thank you for your cooperation.

HARD COPY (\$30.00 per year)

ELECTRONIC COPY (FREE)

(Name of the Optician)

(License number)

(Business/Company Name & Address or Home Address)

_____, Manitoba
(Town or City)

(Postal Code)

Email: _____

Credit Card Authorization

Visa

MasterCard

I authorized the Opticians of Manitoba to charge my credit card in the amount of \$ _____.

Credit card number: _____ **Expirydate** ____ / ____

Name of card holder: _____ **CVV#** _____ **(3-digit at the back)**

Signature of cardholder: _____