

OREGON BOARD OF OPTOMETRY
CHANGE OF ADDRESS NOTIFICATION

Licensee Name: _____ License Number: _____

PRACTICE LOCATION Change of Primary ____ Change/New Additional Location ____			ADDRESS OF RECORD - all mail from Board (If other than your practice location)		
	OLD LOCATION	NEW LOCATION		OLD	NEW
Business Name					
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Phone Number:			Phone Number:		
Fax:			Fax:		
email:			email:		
effective date:			effective date:		
Authorizing Signature:					Date:

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