



# OHIO OPTICAL DISPENSERS BOARD

77 SOUTH HIGH ST. 16<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215-6108  
(614) 466-9709 FAX (614) 995-5392

[WWW.OPTICAL.OHIO.GOV](http://WWW.OPTICAL.OHIO.GOV)  
Email: [odb@odb.ohio.gov](mailto:odb@odb.ohio.gov)

## AFFIDAVIT OF NAME CHANGE

### INSTRUCTIONS:

Return this Completed and Notarized form along with your current WALLET CARD and your current Renewal License/Registration. A new Wallet Card and Renewal License/Registration will be returned with the correct name.



**DO NOT** return your original frameable wall certificate. You will **not** receive a new frameable wall certificate.

**Renewal License/  
Apprentice Reg. Card**

There is no fee required for a name change.

You will not receive a new wallet card/renewal license/registration until we have received this form (Completed and Notarized) and both the wallet card and the renewal license/registration.

**PLEASE NOTE: THIS NOTARIZED FORM CANNOT BE ACCEPTED BY FAX.**

Date \_\_\_\_\_

License # \_\_\_\_\_ or Apprentice Registration # \_\_\_\_\_

Name on Current License/Registration \_\_\_\_\_  
Please Print

New Name \_\_\_\_\_  
Please Print Name As It Should Appear On the License/Registration

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Is this a change of address?  Yes  No

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**This is to certify that the information provided above is true and accurate.**

Signature \_\_\_\_\_

Sworn to and signed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Expiration Date of Commission