



## 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)

### Paper Application Request Form

Instructions: Please complete the following information to request a paper renewal application.

#### 1. YOUR INFORMATION

Full Name	First	Middle	Last Name
Street Address (Number and street or rural route)			
City, State and Zip Code			
License Number			

#### 2. STATE YOUR REASON FOR REQUESTING A PAPER RENEWAL APPLICATION

This information is requested for data collection purposes only!

<input type="checkbox"/>	I do not possess a computer with high-speed internet access and/or I do not have access to a public computer with internet access, such as a public library, within 25 miles of my residence.
<input type="checkbox"/>	I cannot obtain a valid VISA or MASTERCARD.
<input type="checkbox"/>	I have a limitation that would restrict my ability to use a computer.
<input type="checkbox"/>	Other _____ _____

#### 3. SIGNATURE

**I AM REQUESTING THAT THE OHIO OPTICAL DISPENSERS BOARD MAIL ME A PAPER RENEWAL APPLICATION FOR MY RENEWAL.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return form to: Ohio Optical Dispensers Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108  
Or Fax to: 614-995-5392

ODB 0114 (05/16)