



**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  
e-mail: odb@odb.ohio.gov

**AFFIDAVIT OF LOST DOCUMENT  
(PLEASE PRINT)**

**This completed and notarized form is to be returned to the Ohio Optical Dispensers Board at the above address with a certified check or money order in the amount of \$5.00 made payable to: Treasurer, State of Ohio.**

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

**Date** \_\_\_\_\_

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

**Name** \_\_\_\_\_

**(Please Print)**

**Address** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**This is to certify that the document checked below was stolen, lost, destroyed or not received. If the document is found or received after the replacement is issued, the original document must be returned to the Board. Please check the appropriate replacement document that is requested. Allow 14 business days to receive the replacement document.**

- Wallet license renewal**
- Apprentice registration card**

**Explanation** \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Sworn to and signed before me this**

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

**Seal**

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

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