



OHIO OPTICAL DISPENSERS BOARD

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**AFFIDAVIT OF LOST WALL CERTIFICATE
(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 \$25.00 made payable to: Treasurer, State of Ohio.

NOTE: THIS NOTARIZED FORM CANNOT BE ACCEPTED BY FAX.

Date _____

License # _____

SS# _____

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.

Frameable wall certificate

Explanation _____

Signature _____

Sworn to and signed before me this

_____ **day of** _____ **20** _____

Seal

Signature of Notary Public

Expiration Date of Commission