OHIO OPTICAL DISPENSERS BOARD

77 SOUTH HIGH ST. 16TH FLOOR
COLUMBUS, OHIO 43215-6108
(614) 466-9709 FAX (614) 995-5392
WWW.OPTICAL.OHIO.GOV
Email: odb@odb.ohio.gov

CHANGE OF ADDRESS FORM

Change of Home Address

NAME AS IT APPEARS ON YOUR LICENSE/REGISTRATION CARD:

_____
PLEASE PRINT

LICENSE NUMBER_____ OR APPRENTICE REG. NUMBER_____

OLD HOME ADDRESS_____
PLEASE PRINT

_____
CITY STATE ZIP

NEW INFORMATION

NEW HOME ADDRESS_____
PLEASE PRINT

_____
CITY STATE ZIP

COUNTY _____

HOME PHONE (____)_____-_____E-MAIL ADDRESS_____
PLEASE PRINT

CHANGE OF WORK ADDRESS

BUSINESS NAME_____
PLEASE PRINT

BUSINESS ADDRESS_____

_____
CITY STATE ZIP

COUNTY _____

BUSINESS PHONE (____)_____-_____FAX (_____)_____-_____

Mail completed form to the address above or fax to (614) 995-5392.

ODB 0102 9/10