



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

REQUEST FOR A DUPLICATE LICENSE (PLEASE PRINT)

This completed 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.

Date _____

License # _____

SS# _____

Name _____

(Please Print)

Address _____

City, State, Zip _____

Phone # _____

I am hereby requesting a duplicate copy of my license since I will be working in two different locations. The second location is:

Employer Name _____

Employer Address _____

City, State, Zip _____

County _____

Work # (_____) _____ Fax # (_____) _____

Signature _____