





**BOARD OF OPTOMETRY  
BRANCH OFFICE APPLICATION  
(Client: 1802)**

**Fees: (1010)**

Please complete form and return the fees (certified check or money order) to the address below. Also print legibly or type the information.

<b>Licensure Fee</b>	<b>\$100.00</b>
<b>Unlicensed Activity Fee</b>	<b>\$ 5.00</b>
<b>Total Fees:</b>	<b>\$105.00</b>

**Name:**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>Middle</b>
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**License Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
mm/dd/yyyy

**Branch Office Address:**

\_\_\_\_\_

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip</b>
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**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>Zip</b>
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**Email Address:**

\_\_\_\_\_

**Branch Office Telephone Number:** \_\_\_\_\_

**I understand that the above listed office(s) contains the minimum equipment as required in Rule 64B13-3.004, F.A.C. As a reminder to all applicants, please understand that Chapter 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after initial filing with the department.**

\_\_\_\_\_  
**Signature of Licensee**

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