



# State Board of Optometry

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FOR BOARD

USE ONLY:

Fee Paid: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

## Application Professional Corporation

It is the responsibility of the licensee to notify the board of a professional corporation entity. Submit written notice via this form to the board office along with a copy of the Articles of Incorporation. Fee - \$1 (This reduced rate only applies from July 1, 2024 - June 30, 2025 and then returns to \$25)

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Corporation License Number: \_\_\_\_\_

Chief Corporate Officer: \_\_\_\_\_ Title: \_\_\_\_\_

License Number: \_\_\_\_\_

### Stockholders, Officers and/or Employees who are Arkansas Licensees

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

The above information supplied and/or verified by me in submitting the application for a professional corporation as noted above is, to the best of my knowledge, accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_