

VERIFICATION OF LICENSE - DISPENSING OPTICIANS

Access this form via website at: cca.hawaii.gov/pvl

State of Hawaii
 Dispensing Opticians Program
 PVL Licensing Branch
 P.O. Box 3469
 Honolulu, HI 96801

APPLICANT: Complete Applicant section and mail to all jurisdictions where you hold or held a license/certificate at anytime. Contact the appropriate licensing agency for information on their processing time and service fees.

A P P L I C A N T	Name (First-Middle)		(Last)	
	Address (Include apt. no., city, state and zip code) - REQUIRED		Social Security No.	License/Certificate Number
			Date of Birth	Date Issued
	I hereby authorize the licensing agency of the state or county of _____ to furnish the information below to the State of Hawaii, Department of Commerce & Consumer Affairs, Dispensing Opticians Licensing Program. SIGN HERE: _____ Date: _____			

TO BE COMPLETED BY LICENSING AGENCY:

L I C E N S I N G A G E N C Y O N L Y	This is to certify that the above-named individual was issued license/certificate number _____ to practice as a dispensing optician. Date issued: _____ Date license/certificate expires: _____			
	License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____			
	Has this license/certificate ever been sanctioned in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? [] YES [] NO (Please explain "yes" response and attach copy of Board's order and related information.)			
	Do your files contain any derogatory information on this applicant? [] YES [] NO (Please explain "yes" response and attach copy of Board's order and related information.)			
	Do your State laws require the successful completion of the National Opticianry Competency Examination (NOCE) and the Contact Lens Registry Examination (CLRE) prior to issuance of a dispensing optician license or certificate? [] YES [] NO			
	COMMENTS:			
Signature: _____ Title: _____ State: _____ Date: _____		BOARD SEAL		
TO THE BOARD: Return this form directly to the Hawaii Department of Commerce & Consumer Affairs, Dispensing Opticians Licensing Program.				

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.