

STATE OF HAWAII
DISPENSING OPTICIANS PROGRAM
Department of Commerce and Consumer Affairs
335 Merchant St., Room 301
P.O. Box 3469, Honolulu, HI 96801
Access this form via website at: cca.hawaii.gov/pvl

CERTIFICATION OF OPTICIANRY WORK EXPERIENCE

Print Name of Applicant

This is to certify that, _____ ,
(name of applicant)
has had _____ years _____ months of full-time (at least 30 hours per week) practical and mechanical optical work experience as an opticianry apprentice, that included experience with eyeglasses and contact lenses under my direct and personal supervision.

_____ worked under my direct and personal supervision from
(name of applicant)
_____ through _____ . I was present on the premises and
(month and year) (month and year)
available for consultation with the above named applicant at all times under my direct and personal supervision.

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____. Notary Signature: _____ Notary Public, State of: _____ My commission expires: _____ Print Name: _____

_____ Signature of Supervisor (NOTARIZATION REQUIRED)	_____ Date
_____ Print Name of Supervisor	_____ Lic. No.
_____ Title: Dispensing optician, optometrist, or ophthalmologist	_____ Eff. date of License
	_____ Exp. Date

Doc. Date: _____ No. of Pages: _____ Notary Name: _____ Circuit Court: _____ Doc. Description _____ Notary Signature: _____ Date _____
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_____ Name of Company		
_____ Address		
_____ City	_____ State	_____ Zip Code
_____ Telephone Number (include area code)		

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.