

MINNESOTA BOARD OF OPTOMETRY

2829 University Avenue SE, Suite 403, Minneapolis, MN 55414
(651) 201-2762

LICENSE RENEWAL CERTIFICATE FOR DUPLICATES, REPLACEMENT OF LOST OR DAMAGED CERTIFICATES, AND NAME CHANGES

Duplicate and replacement renewal certificate requests require a fee of \$10.00 for each renewal certificate.

I request issuance of an optometry license renewal certificate (3 x 5 card). This request is necessary due to:

- duplicate license renewal certificate request
- loss of original license renewal certificate
- damage to original license renewal certificate
(original certificate must be returned)
- address change
(original certificate must be returned)
- name change
(original certificate must be returned)

If your name is to be changed, you must provide legal documentation of name change.

Signature

Date

Name as it should appear on the certificate:

FIRST MIDDLE LAST O.D.

MAIL CERTIFICATE TO:

THIS SHOULD NOT BE USED FOR AN ADDRESS CHANGE