



BOARD OF OPTOMETRY

335 Randolph Avenue • Suite 210 • St. Paul MN 55102
Main (651) 201-2762 • Fax (651) 201-2763
Website: mn.gov/boards/optometry/
Email: optometry.board@state.mn.us

LICENSE WALL CERTIFICATE FOR REPLACEMENT OF LOST OR DAMAGED CERTIFICATES AND NAME CHANGES

Board Rule 6500.1900 requires a fee of \$12.00 for replacement certificates.

I request replacement of my optometry license wall certificate (8.5 x 11). This replacement is necessary due to:

- ☐ loss of original license
- ☐ damage to original license (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