

Department of Health and Human Services  
Office of Professional Licensing  
Licensing and Regulation Services  
121 South Fruit Street  
Concord, New Hampshire 03301  
(603)271-9254

**APPLICATION FOR REGISTRATION  
OPHTHALMIC DISPENSER**

Please return application to the above address along with a check made payable to "Treasurer State of New Hampshire" in the amount of \$110.00.

**IMPORTANT NOTICE: Once you have obtained your ophthalmic dispensing registration, you will be required to obtain 8 hours of continuing education prior to renewing your registration. You may review the continuing education requirements at <http://www.gencourt.state.nh.us/rules/he-p6000.html>.**

**PERSONAL**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street/PO Box City/Town State Zip Code*

**BUSINESS**

Name of Business: \_\_\_\_\_ Business Tel.# \_\_\_\_\_

Business Address: \_\_\_\_\_  
*Street/PO Box City/Town State Zip Code*

**If corporation, give name and address of each officer.**

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

Name of Officer: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Address: \_\_\_\_\_

**If partnership, provide name and business address of each partner.**

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

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

**List each state in which you are currently or have been licensed or registered:**

State of \_\_\_\_\_ Effective Dates: \_\_\_\_\_

State of \_\_\_\_\_ Effective Dates: \_\_\_\_\_

**Have you ever had an application for registration or license denied, had our registration or license suspended or revoked, or had any other disciplinary action taken against you in this or any other state?  Yes  No. If yes, please specify and attach supporting documentation.**

2x2 Size Photograph of Applicant's Face  
**(a photocopy of your drivers license is not accepted)**

The Department of Health and Human Services is required by law to ask for your social security number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support.  
(42 USC 666(a)(13); RSA 161-B:11)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date