



4. Date of Birth \_\_\_\_\_  
 5. Maiden Name or Former Surname(s) \_\_\_\_\_  
 6. Street Address (PO Box not accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State Zip Code

7. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City State Zip Code

8. E-mail Address \_\_\_\_\_

9. Contact Numbers \_\_\_\_\_  
 Primary Telephone Alternate Telephone Facsimile

10. Are you applying through reciprocity as an optician currently licensed, certified or registered in another state?  
 No   
 Yes  If yes, list all the licenses, certificates and registrations in the following table **and** attach a Certification of Licensure/Letter of Good Standing, dated within the last 60 days from each state.

State/ Jurisdiction	What type of examination did you pass?	License, Certification or Registration No.	Expiration Date
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		
	Written <input type="checkbox"/> Practical <input type="checkbox"/>		

11. Which education requirement have you met in order to qualify for a Virginia Optician License?  
 Completion of a board approved two-year course in a school of Opticianry, including the study of topics essential to qualify for practicing as an optician.  
 School Name & Location \_\_\_\_\_  
 Date Enrolled \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Completion of a board-approved three-year apprenticeship with a minimum of one school year of related instruction or home study while registered in the apprenticeship program in accordance with the standards established by the Virginia Department of Labor and Industry, Division of Apprenticeship Training and approved by the Board for Opticians.  
 Name of Apprenticeship Representative \_\_\_\_\_  
 Signature of Apprenticeship Representative \_\_\_\_\_  
 Date \_\_\_\_\_

12. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?  
 No   
 Yes  If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No

Yes

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

*Certified copies of court records* may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

*Original criminal history records* may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

**Consent to Suits**

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Optician License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I understand and have complied with all the laws of Virginia related to optician licensure under the provisions of Title 54.1, Chapter 17, of the *Code of Virginia*, and the *Virginia Board for Opticians Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_