



**Board for Hearing Aid Specialists and Opticians  
 Optician - CERTIFICATE OF LICENSE TERMINATION**

I hereby certify that I, \_\_\_\_\_, wish to terminate my individual license  
Legal Name  
 on \_\_\_\_\_ . Accordingly, I am returning license number 

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Date

I, the undersigned, certify that the foregoing statement and answers are true. I have complied with all the laws of Virginia related to licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Optician Regulations*.

1. Legal Name \_\_\_\_\_  
Last First Middle Generation

2. Provide at least **one** of the following identification numbers\* :

Social Security Number and/or 

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**Virginia** Department of Motor Vehicles Control Number 

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➤ Enter the same identification number as used on previous applications or licenses on file with the department.

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

4. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

5. Email Address \_\_\_\_\_

(Signature and Notarization Form next)

<b>BOARD USE ONLY</b>	LICENSE NUMBER	TRANSACTION DATE
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**7. Signature of Licensee**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Notarization**

In the State of \_\_\_\_\_, City/County of \_\_\_\_\_, subscribed and sworn before me,

the undersigned Notary Public in and for the City/County aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires the \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

*Affix official seal here.*

\_\_\_\_\_  
Signature of Notary Public