STATE OF NEVADA
BOARD OF DISPENSING OPTICIANS
4790 Caughlin Pkwy #241; Reno, NV 89519 • Telephone 775 / 689-0132 • Fax 775 / 689-0133
Email: nvbdo@govmail.state.nv.us • Website: nvbdo.nv.gov

Change of Address Form

This form must be completed any time a licensee has a change of home or business address. A change of business address must be reported within ten (10) days of the change and a change of home address within thirty (30) days of the change (see NAC 637.230).

PLEASE NOTE: Apprentices who are changing business locations must also submit a Change of Apprentice Supervisor Form, if applicable.

Date_____

Licensee Full Name _____ License number_____

New Address Information

For a change of work address, please provide the following information:

☐ If you are *adding* this work location and would like your current work address(es) to remain on file with the board, please check here.

Employer/Business Name_____

Address _____City _____State _____Zip_____

Phone_____Fax_____

For a change of home address, please provide the following information:

Street Address _____City _____State _____Zip_____

Home Phone (if new) _____

Licensee signature _____ Date _____**

** I affirm that I have read this form and the statements made are true and correct.