



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

DOP

FOR DIVISION USE ONLY

Dispensing Opticians Program

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: DispensingOpticians@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/DispensingOpticians

Application for Dispensing Optician License

Endorsement Addition/Change

PART I Application Type

| | | |
|------------------------|---|---|
| Currently Have: | <input type="checkbox"/> Spectacles Endorsement | <input type="checkbox"/> Contact Lenses Endorsement |
| Applying For: | <input type="checkbox"/> Spectacles Endorsement | <input type="checkbox"/> Contact Lenses Endorsement |

PART II Payment of Fees

| | | |
|-----------------------|--|-----------------|
| Required Fees: | <input type="checkbox"/> Nonrefundable Application Fee | \$ 50.00 |
|-----------------------|--|-----------------|

PART III Personal Information

| | | | |
|---|--------------------|------|--|
| Full Legal Name: | | | |
| <p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p> | | | |
| Mailing Address: | P.O. Box or Street | City | State Zip |
| Contact Phone: | | | Date of Birth: |
| <p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p> | | | |
| Email Address: | | | Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail |
| <p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p> | | | |
| <p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p> | | | |



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.