

MARYLAND BOARD OF EXAMINERS IN OPTOMETRY
4201 Patterson Avenue
Baltimore, MD 21215-2299
410-764-4710 Fax 410-358-2906

LOST LICENSE FORM

I, _____ do hereby state under oath, that my Certificate of Licensure as an Optometrist in Maryland issued to me is no longer in my possession.

I further state, under oath, that to the best of my knowledge and belief the original certificate has been:

Lost _____ \$5.00 fee required

Stolen _____ \$5.00 fee required

Mutilated _____ \$5.00 fee required

Destroyed _____ \$5.00 fee required

Second Office License _____ \$5.00 fee required

Original never received _____ NO FEE REQUIRED

I do not know of the present existence of it or any part thereof.

It is further stated, under oath, that I will return to the Maryland Board of Examiners in Optometry the original certificate, or any part thereof, if such should come into my possession at any time in the future.

Certificate Number _____

Date issued _____

Signature

Street and Number

City, State and Zip Code

Subscribed and sworn to before me this _____ date of _____

Notary Public