

<p>PHOTO AREA</p> <p>PASTE A PASSPORT TYPE PHOTO HERE.</p> <p>PHOTO MUST BE RECENT AND MUST BE OF YOUR HEAD AND SHOULDER AREAS ONLY WITH CLEAR VIEW OF FACE.</p> <p>ALTERED PHOTOS ARE NOT ACCEPTABLE.</p>	<p>NOTICE: All items in this application are mandatory; none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to identify the licensee and to verify the licensee's identification per Sections 118 and 2432 of the Business and Professions Code. Licensees have the right to review their application subject to the provisions of the Information Practices Act. The chief of the Licensing Program is the custodian of records. Information on this application may be transferred to other governmental or law enforcement agencies.</p>
<p>A photo is not required for a Registered Dispensing Optician Certificate (Business) or for a Non-Resident Contact Lens Seller (Business).</p>	

AFFIDAVIT

I hereby declare under penalty of perjury under the laws of the State of California that the information provided on this form, including supporting documentation and photograph of me, is true and correct and that I am licensed/registered to practice in the State of California. I further certify that this is my new adopted name for all purposes, and this name change has not been made for fraudulent purposes.

Applicant's Signature

Date

<p>State of _____</p> <p>County of _____</p> <p>Subscribed and sworn to (or affirmed) before me on</p> <p>this _____ day of _____, 20____,</p> <p><u>by: (applicant's name printed here)</u> _____</p> <p>proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.</p>	
<p>NOTARY SEAL</p>	<p>_____ Signature of Notary Public</p>