



**SECTION - I** (continued)

Employer/Custodian of Records:

I certify under penalty of perjury under the laws of the State of California that I am the custodian of records of the business listed above, and that the above is a true and correct representation of the records of the business.

\_\_\_\_\_  
Printed/Typed Name of Certifying Person

\_\_\_\_\_  
Signature of Certifying Person

\_\_\_\_\_  
Date of Signing

(\_\_\_\_\_)\_\_\_\_\_

Telephone Number

**SECTION - II** Dates and hours of practice.

NOTE! IF THIS APPLICATION IS BEING MADE PURSUANT TO A FEDERALLY DECLARED EMERGENCY AS STATED IN BUSINESS AND PROFESSIONS CODE SECTION 3056, PLEASE INDICATE BELOW:

- YES (If yes, please call the Board at (866-585-2666 for information)
- NO (If no, please continue)

From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Total hours:	State and License Number:
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Total hours:	State and License Number:
From: (mm/dd/yyyy)	To: (mm/dd/yyyy)	Total hours:	State and License Number:

I declare under penalty of perjury under the laws of the State of California that the answers given by me, employer, or custodian of record in completing this application are true and I understand and agree that any misstatements of facts herein may be cause for the denial of my application for licensure t or for subsequent suspension or revocation of a certificate of registration to practice optometry in California if one is granted to me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*THE CUSTODIAN OF RECORDS is a person or institution that has charge or custody of documents, papers, or other valuables.