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[www.optometry.ca.gov](http://www.optometry.ca.gov)

**To:** Dispensing Optician Committee Members      **Date:** September 22, 2017

**From:** Jessica Sieferman      **Telephone:** (916) 575-7170  
Executive Officer

**Subject:** **Agenda Item 6 – Update, Discussion and Possible Action Regarding  
Amendments to RDO Program Applications for Registration and Suggested  
Regulations; Recommendation to Full Board**

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During the August 2017 DOC meeting, the DOC discussed the issue of the perceived requirement that a “valid relationship” between a registered dispensing optician (RDO), spectacle lens dispenser (SLD), and/or a contact lens dispenser (CLD) exists; namely, that, for a SLD/CLD registration to be considered “valid,” it must be tied to a current and valid RDO registration and vice versa.

Materials for that agenda item can be found [here](#).

The DOC agreed with legal counsel’s recommendation to remove the “coupling” requirement from the applications and adopt regulations to incorporate the applications by reference. The DOC recommended the Board allow processing the applications without the related fields. In addition, the DOC directed staff to prepare the necessary applications and regulations for DOC review at its next meeting.

As such, staff and Board counsel prepared the attached regulations and applications for consideration. For efficiency, staff recommends combining the SLD and CLD application. Applicants would have the option to apply for an SLD, a CLD, or both on one application.

**Attachments**

1. Proposed Regulations
2. Proposed SLD/CLD Application
3. Proposed NCLS Application
4. Proposed RDO Application

## PROPOSED LANGUAGE

New language is underlined. Deleted language is in ~~strikeout~~.

(1) Amend Section 1399.220 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:

### **16 CCR § 1399.220. Applications for Registration**

~~All applications shall be submitted on a form provided by the division, accompanied by such evidence, statements or documents as therein required, and filed with the division at its principal office with the required fee.~~

(a) (1) Application for a registered dispensing optician registration shall be made on a form prescribed by the Board (Form RDO, Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the application fee fixed by the Board pursuant to Section 1399.260 in this Article.

(2) Application for a non-resident contact lens seller registration shall be made on a form prescribed by the Board (Form NCLS, Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the application fee fixed by the Board pursuant to Section 1399.260 in this Article.

(3) Application for a spectacle lens dispenser and/or a contact lens dispenser registration(s) shall be made on a form prescribed by the Board (Form CLD/SLD, Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the following:

1. The application fee(s) fixed by the Board pursuant to Section 1399.260 in this Article.
2. An electronic record of fingerprints or, for an out of state applicant, one classifiable set of fingerprints.

(b) Registration for a spectacle lens dispenser shall be contingent on the Board receiving evidence directly from the American Board of Opticianry (ABO) that the applicant has passed the ABO examination.

(c) Registration for a contact lens dispenser shall be contingent on the Board receiving evidence directly from the ABO that the applicant has passed the National Contact Lens Examination.

Note: Authority cited: Sections 2546.3, 2558~~2558~~, Business and Professions Code. Reference: Sections 2546.4, 2546.5, 2551, 2552, 2553, 2559.2, and 2561,~~2555~~, Business and Professions Code; ~~and 11500, Government Code.~~

(2) Amend Section 1399.221 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:

### **16 CCR § 1399.221. Denial of Applications.**

(a) In the event an application is denied pursuant to Section 2552 or 2553.6 of the code, the division Board shall notify the applicant in writing within thirty days~~within thirty days~~ of the deficiencies or reasons for denial, and of the procedure for requesting a hearing on the denial.

(b) The proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

Note: Authority cited: Section ~~2558~~2546.3, Business and Professions Code. Reference: Sections 2552, 2553 ~~and~~, 2553.6, 2546.4, 2546.5, 2559.2, and 2561, Business and Professions Code.

(3) Amend Section 1399.222 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:

**16 CCR § 1399.222. Renewal Applications.**

A renewal application ~~will~~shall be submitted prior to the expiration date of the registration on a form ~~provided~~prescribed by the ~~division~~Board (Form XYZ Rev. 11/17), which is hereby incorporated by reference, and shall be accompanied by the renewal fee fixed by the Board pursuant to Section 1399.260 in this Article. ~~and filed with the division at its office in Sacramento prior to the expiration date of the registration.~~

Note: Authority cited: Sections ~~2558~~ and 2558~~2546.3~~, Business and Professions Code. Reference: Section ~~2554~~2567, 2546.8, 2559.2, 2561, Business and Professions Code.

(4) Amend Section 1399.260 of Division 13.5 of Title 16 of the California Code of Regulations to read as follows:

**16 CCR § 1399.260. Registered Dispensing Optician Program Fees.**

The following fees are established:

- (a) The initial application fee for a registered dispensing optician shall be \$150.00
- (b) The initial registration fee for a registered dispensing optician shall be ~~\$75~~200.00.
- (~~b~~c) The renewal fee for a registered dispensing optician shall be ~~\$75~~15200.00.
- (d) The delinquency fee for a registered dispensing optician shall be \$50.00.
- (e) The initial application fee for a registered spectacle lens dispenser shall be \$150.00
- (f) The initial registration fee for a registered spectacle lens dispenser shall be \$200.00.
- (g) The renewal fee for a registered spectacle lens dispenser shall be \$150.00.
- (h) The delinquency fee for a registered spectacle lens dispenser shall be \$50.00.
- (i) The initial application fee for a registered contact lens dispenser shall be \$150.00
- (j) The initial registration fee for a registered contact lens dispenser shall be \$200.00.
- (k) The renewal fee for a registered contact lens dispenser shall be \$150.00.
- (l) The delinquency fee for a registered spectacle lens dispenser shall be \$50.00.
- (m) The initial application fee for a nonresident contact lens dispenser shall be \$150.00
- (n) The initial registration fee for a nonresident contact lens dispenser shall be \$200.00.
- (o) The renewal fee for a nonresident contact lens dispenser shall be \$150.00.
- (p) The delinquency fee for a nonresident contact lens dispenser shall be \$50.00.

Note: Authority cited: Sections 2546.3 and 2558,~~2558~~, Business and Professions Code. Reference: Sections 2546.9, 2565, 2566, 2566.1, Business and Professions Code.

(5) Repeal Sections 1399.261, 1399.262, and 1399.263 of Division 13.5 of Title 16 of the California Code of Regulations as follows:

~~**16 CCR § 1399.261. Contact Lens Dispenser Fees.**~~

~~(a) The initial registration fee shall be \$75.00.~~

~~(b) The biennial renewal fee shall be \$75.00.~~

~~Note: Authority cited: Section 2558, Business and Professions Code. Reference: Section 2566, Business and Professions Code.~~

~~**16 CCR § 1399.262. Refund of Application Fee.**~~

~~Any applicant for registration as a contact lens dispenser who does not meet the requirements for registration shall be refunded \$50.00 upon written request.~~

~~Note: Authority cited: Section 2558, Business and Professions Code. Reference: Section 2566, Business and Professions Code.~~

~~**16 CCR § 1399.263. Spectacle Lens Dispenser Fees.**~~

~~(a) The initial registration fee shall be \$75.00.~~

~~(b) The renewal fee shall be \$75.00.~~

~~Note: Authority cited: Section 2558, Business and Professions Code. Reference: Section 2566.1, Business and Professions Code.~~



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# SPECTACLE/CONTACT LENS DISPENSER APPLICATION

**\*\*Shorten the processing time – Apply online at [www.BreZE.ca.gov](http://www.BreZE.ca.gov)\*\***

**Please indicate what registration(s) you are applying for:**

- Spectacle Lens Dispenser (SLD)
- Contact Lens Dispenser (CLD)

<b>Fee Schedule</b>	
<i>The application fee is a non-refundable processing fee. Make checks payable to the California State Board of Optometry. Upon approval of your application, there will be a registration fee.</i>	
<b>SLD Application</b>	<b>\$150</b>
SLD Registration	\$200
<b>CLD Application</b>	<b>\$150</b>
CLD Registration	\$200

### Minimum Requirements:

- Applicable Fee(s)
- Completed Application
- ABO and/or NCLE Scores (*Directly from American Board of Opticianry*)
- Fingerprints\*:
  - Live Scan Form (CA Only), or
  - Two (2) Fingerprint Cards (*\$49 DOJ/FBI Fee*)

\*California resident applicants must complete the Live Scan fingerprint process. A copy of the completed *Request for Live Scan Service* form must be submitted with your application. Out of state residents may submit two completed fingerprint cards or visit a California Live Scan facility. *Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.* All personal data must be completed on the fingerprint cards. A registration will not be issued until fingerprint results have been received from the Department of Justice and the Federal Bureau of Investigation.

Type or Print Legibly		PERSONAL INFORMATION			
<b>1. Legal Name</b>	Last	First	Middle		
<b>2. Other Names/Aliases Used</b>					
<b>3. Social Security Number/Individual Taxpayer Identification Number</b>			<b>4. Date of Birth (mm/dd/yyyy)</b>		
<b>5. Address of Record (AOR)</b>	Your AOR is public information. Your AOR may be a Post Office (PO) box number or alternate address, instead of your home address.				
Street	City	State	Zip Code	Country	
<b>6. Physical Mailing Address</b>	If you chose a PO Box or alternate address above, please provide a physical address for the Board's internal administrative use and not for public disclosure. A PO box may not be listed in this section.				
Street	City	State	Zip Code	Country	
<b>7. Telephone Numbers</b>	Home #	Work #	Cell #		
<b>8. E-Mail Address</b>					
9. Have you previously held a California Contact Lens Dispenser Registration? If yes, please provide the registration number: _____ Expired: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Have you previously held a California Spectacle Lens Dispenser Registration? If yes, please provide the registration number: _____ Expired: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Are you currently serving in, or have previously served in, the military? If applicable, date honorably discharged: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>12. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?  <b>IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**EXAMINATIONS**

13. List the following examinations you have passed:

Examination	Date (mm/yyyy)
American Board of Opticianry	
National Contact Lens Examination	

**OTHER STATE REGISTRATIONS**

<p>14. Have you ever held, or do you currently hold a registration/license to fit, adjust and/or dispense spectacle or contact lenses in any U.S. State or U.S. territory? If yes, list information below.   <i>(List others on a separate piece of paper if needed.)</i></p> <p><b>REQUIRED: A LETTER OF GOOD STANDING MUST BE SENT DIRECTLY FROM EACH STATE BOARD TO THE CALIFORNIA STATE BOARD OF OPTOMETRY</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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State	Registration Number	Issue Date	Expiration Date

**DISCIPLINARY HISTORY**

**These questions refer to discipline by any Military or Public Health Service, State Board, or other Governmental Agency of any U.S. state or territory. For each "yes" response, you must submit a descriptive explanation of the circumstances surrounding the discipline and copies of any documentation (e.g., Accusation, Disciplinary Order) you may have.**

15. Have you ever been denied a dispensing registration/license or any other healing arts license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever had a dispensing registration/license or any other healing arts license suspended, revoked, or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever surrendered a dispensing registration/license or any other healing arts license?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CRIMINAL RECORD HISTORY**

**Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.**

**For each conviction disclosed, you must submit certified copies of the arresting agency report, certified copies of the court documents, including a plea form and court docket, and a signed and dated descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of the incident and all circumstances surrounding the incident). If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. In addition, you may submit evidence of rehabilitation.**

<p>18. Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories?  <b><i>This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court and/or traffic infractions under §300 that did not involve alcohol, drugs, or controlled substances should NOT be disclosed. Convictions that were later dismissed, expunged from the record of the court, or set aside pursuant to California Penal Code § 1203.4 or equivalent non-California law MUST be disclosed.</i></b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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19. Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DECLARATION**

21. I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true, complete, and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.***

**By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to the practice as a spectacle or contact lens dispenser. Reference California Business and Professions Code, Chapter 5.4 (starting at section 2540), and Chapter 5.5 of Division 2, Article 1.5 (starting at section 2559.1) and Article 2 (starting at section 2560).**

**PERSONAL INFORMATION COLLECTION AND ACCESS**

*All terms of information requested are mandatory. The information provided in this form will be used by the California Board of Optometry to determine qualifications for spectacle and/or contact lens dispensing registration(s). Business and Professions Code (BPC) sections 27, 141, 480, and 2559.1 through 2564.6 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to other government agencies and/or law enforcement agencies, as may be necessary to permit the Board of Optometry, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number or individual taxpayer identification number is mandatory and collection is authorized by BPC sections 30 and 31. The State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board of Optometry. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid. Your name and address of record listed on this application will be disclosed to the public upon request through license verification on the Board of Optometry website, if and when you become licensed per BPC section 27. The Executive Officer of the Board of Optometry is responsible for maintaining the information in this application.*



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# NON-RESIDENT CONTACT LENS SELLER (NCLS) APPLICATION

**\*\*Shorten the processing time – Apply online at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov)\*\***

**Minimum Requirements:**

- Applicable Fee(s)
- Completed Application
- Articles of Incorporation and list of officers (if applicable)
- Fingerprints (if applicable)\*:
  - Live Scan Form (CA Only), or
  - Two (2) Fingerprint Cards (\$49 DOJ/FBI Fee)

<b>Fee Schedule</b>	
<i>The application fee is a non-refundable processing fee. Make checks payable to the California State Board of Optometry. Upon approval of your application, there will be a registration fee.</i>	
<b>Application</b>	<b>\$150</b>
<b>Registration</b>	<b>\$200</b>

\*California resident individual applicants must complete the Live Scan fingerprint process. A copy of the completed *Request for Live Scan Service* form must be submitted with your application. Out of state residents may submit two completed fingerprint cards or visit a California Live Scan facility. *Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.* All personal data must be completed on the fingerprint cards. A registration will not be issued until fingerprint results have been received from the Department of Justice and the Federal Bureau of Investigation. **Any fingerprint requirements for corporations, partnerships, and firms will be decided on a case by case basis after the application is received.**

Type or Print Legibly		APPLICANT INFORMATION	
<b>Legal Name of Applicant</b>			
<b>DBA or California Business Name</b>			
<b>The Applicant is: (Check only one box)</b>		<input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
<b>Social Security Number/Individual Taxpayer Information Number:</b>			
<b>Federal Employer Identification Number (Req. for Partnership):</b>			
<b>Address of Record (AOR)</b>			
Your AOR is the physical business location listed on the registration and is public information.			
Street	City	State	Zip Code Country
Toll free telephone number consumers call with questions and complaints: ( )			
<b>Toll free number must be available to consumers at least six days per week AND at least 40 hours per week.</b>			
<b>Physical Mailing Address</b>			
The physical mailing address is confidential and only used for Board administrative purposes. If provided below, all official Board mail will be sent to the mailing address in lieu of the AOR.			
Street	City	State	Zip Code Country
<b>Dedicated Prescription Lens Confirmation Information</b>			
Please provide the information below for prescribers and their authorized agents for purposes of confirmation of contact lens prescriptions.			
<b>Toll Free Telephone #</b>	<b>Facsimile #</b>	<b>E-Mail Address:</b>	
<b>APPLICANT'S CALIFORNIA AGENT FOR SERVICE OF PROCESS</b>			
The applicant is required to designate and maintain an agent for service of process who is physically within this state, and provide the name, address, and telephone number of the agent to the Board.			
<b>Name</b>	<b>Address</b>	<b>Toll Free Telephone #</b>	
<b>E-Mail Address:</b>			



## OTHER STATE REGISTRATIONS

Have you ever held, or do you currently hold a registration/license to fit, adjust and/or dispense spectacle or contact lenses in any U.S. State or U.S. territory? If yes, list information below.

*(List others on a separate piece of paper if needed.)*

Yes  No

**REQUIRED: A LETTER OF GOOD STANDING MUST BE SENT DIRECTLY FROM EACH STATE BOARD TO THE CALIFORNIA STATE BOARD OF OPTOMETRY**

State	Registration Number	Issue Date	Expiration Date

### FOR INDIVIDUAL (SOLE PROPRIETER) OR PARTNERSHIP *(To be completed by each owner/partner)* *Attach separate sheets if necessary*

Name	Address	Telephone #

**E-Mail Address:**

Are you currently serving in, or have previously served in, the military?  Yes  No

If applicable, date honorably discharged:

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?

Yes  No

IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY

## CRIMINAL RECORD HISTORY

**Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.**

**For each conviction disclosed, you must submit certified copies of the arresting agency report, certified copies of the court documents, including a plea form and court docket, and a signed and dated descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of the incident and all circumstances surrounding the incident). If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. In addition, you may submit evidence of rehabilitation.**

Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories?

***This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court and/or traffic infractions under \$300 that did not involve alcohol, drugs, or controlled substances should NOT be disclosed. Convictions that were later dismissed, expunged from the record of the court, or set aside pursuant to California Penal Code § 1203.4 or equivalent non-California law MUST be disclosed.***

Yes  No

Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?

Yes  No

Are you a registered sex offender?

Yes  No

I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.**

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to a nonresident contact lens seller, California Business and Professions Code, Chapter 5.45 (starting at section 2546).

Name	Address	Telephone #
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**E-Mail Address:**

Are you currently serving in, or have previously served in, the military? Yes No

If applicable, date honorably discharged:

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?

Yes No

IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY

**CRIMINAL RECORD HISTORY**

Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.

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<p>Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories?  <i>This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court and/or traffic infractions under \$300 that did not involve alcohol, drugs, or controlled substances should NOT be disclosed. Convictions that were later dismissed, expunged from the record of the court, or set aside pursuant to California Penal Code § 1203.4 or equivalent non-California law MUST be disclosed.</i></p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p>Are you a registered sex offender?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.**

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to a nonresident contact lens seller, California Business and Professions Code, Chapter 5.45 (starting at section 2546).

**FOR CORPORATIONS (To be completed by Corporation President or Secretary)**

Attach a copy of the Articles of Incorporation, a list of officers, and a list of all people who own or control 25% or more of the stock or interest in the corporation or any other person who exercises substantial control over the applicant's management or business practices. For each person, provide their name, title, percentage of ownership and/or nature of interest.

Name	Address	Telephone #

**E-Mail Address:**

I declare, under penalty of perjury under the laws of California, that I am the officer of the corporation indicated above, and as such, further declare for and on behalf of said corporation that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.***

By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to a nonresident contact lens seller, California Business and Professions Code, Chapter 5.45 (starting at section 2546).

**IMPORTANT REMINDERS**

- Registrations expire biennially and must be renewed at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov).

**PERSONAL INFORMATION COLLECTION AND ACCESS**

*All terms of information requested are mandatory. The information provided in this form will be used by the California Board of Optometry to determine qualifications for a nonresident contact lens seller registration. Business and Professions Code (BPC) sections 27, 141, 480, and 2550 through 2564.6 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to other government agencies and/or law enforcement agencies, as may be necessary to permit the Board of Optometry, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number or individual identification number is mandatory and collection is authorized by BPC sections 30 and 31. The State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board of Optometry. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid. Your name and address of record listed on this application will be disclosed to the public upon request through license verification on the Board of Optometry website, if and when you become licensed per BPC section 27. The Executive Officer of the Board of Optometry is responsible for maintaining the information in this application.*



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# REGISTERED DISPENSING OPTICIAN (RDO) APPLICATION

**\*\*Shorten the processing time – Apply online at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov)\*\***

**Minimum Requirements:**

- Applicable Fee(s)
- Completed Application
- Articles of Incorporation and list of officers (if applicable)
- Fingerprints (if applicable)\*:
  - Live Scan Form (CA Only), or
  - Two (2) Fingerprint Cards (\$49 DOJ/FBI Fee)

<b>Fee Schedule</b>	
<i>The application fee is a non-refundable processing fee. Make checks payable to the California State Board of Optometry. Upon approval of your application, there will be a registration fee.</i>	
<b>Application</b>	<b>\$150</b>
<b>Registration</b>	<b>\$200</b>

\*California resident individual applicants must complete the Live Scan fingerprint process. A copy of the completed *Request for Live Scan Service* form must be submitted with your application. Out of state residents may submit two completed fingerprint cards or visit a California Live Scan facility. *Fingerprint cards will be mailed to you once the Board receives your application and appropriate processing fees.* All personal data must be completed on the fingerprint cards. A registration will not be issued until fingerprint results have been received from the Department of Justice and the Federal Bureau of Investigation. **Any fingerprint requirements for corporations, partnerships, and firms will be decided on a case by case basis after the application is received.**

Type or Print Legibly		APPLICANT INFORMATION		
<b>Legal Name of Applicant</b>				
<b>DBA or California Business Name</b>				
<b>The Applicant is: (Check only one box)</b>		<input type="checkbox"/> Individual (Sole Proprietor) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
<b>Social Security Number/Individual Taxpayer Information Number:</b>				
<b>Federal Employer Identification Number (Req. for Partnership):</b>				
<b>Address of Record (AOR)</b>				
Your AOR is the physical business location listed on the registration and is public information.				
Street	City	State	Zip Code	Country
<b>Physical Mailing Address</b>				
The physical mailing address is confidential and only used for Board administrative purposes. If provided below, all official Board mail will be sent to the mailing address in lieu of the AOR.				
Street	City	State	Zip Code	Country
<b>Designated Employee</b>				
The designated employee is responsible for handling customer or Board inquiries and complaints with respect to the business.				
<b>Name</b>	<b>Address</b>		<b>Telephone #</b>	
E-Mail Address:				
<b>FOR INDIVIDUAL (SOLE PROPRIETOR) OR PARTNERSHIP (To be completed by each owner/partner)</b>				
<i>Attach separate sheets if necessary</i>				
<b>Name</b>	<b>Address</b>		<b>Telephone #</b>	
E-Mail Address:				

Are you currently serving in, or have previously served in, the military? Yes No

If applicable, date honorably discharged:

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?

Yes No

IF THE ANSWER TO THIS QUESTION IS "YES," PROVIDE EVIDENCE OF LEGAL UNION AND YOUR SPOUSE OR PARTNER'S MILITARY DUTY

**CRIMINAL RECORD HISTORY**

**Applicants who answer "NO" to the questions below, but have a previous conviction or plea, may have their application denied for knowingly falsifying the application. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application.**

**For each conviction disclosed, you must submit certified copies of the arresting agency report, certified copies of the court documents, including a plea form and court docket, and a signed and dated descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of the incident and all circumstances surrounding the incident). If the documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. In addition, you may submit evidence of rehabilitation.**

Have you ever been convicted of, or pled guilty or nolo contendere to ANY offense in the United States or its territories?

***This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court and/or traffic infractions under \$300 that did not involve alcohol, drugs, or controlled substances should NOT be disclosed. Convictions that were later dismissed, expunged from the record of the court, or set aside pursuant to California Penal Code § 1203.4 or equivalent non-California law MUST be disclosed.***

Yes No

Is any criminal action pending against you, or are you currently awaiting judgement and sentencing following entry of a plea or jury verdict?

Yes No

Are you a registered sex offender?

Yes No

I declare, under penalty of perjury under the laws of California, that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.***

**By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to the practice of a registered dispensing optician, including California Business and Professions Code, Chapter 5.4 (starting at section 2540), and Chapter 5.5 of Division 2, Article 1.5 (starting at section 2550).**

**Name**

**Address**

**Telephone #**

**E-Mail Address:**

Are you currently serving in, or have previously served in, the military?

Yes No

If applicable, date honorably discharged:

Are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Military who is assigned to a duty station in this state under official active duty military orders?

Yes No

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Yes No

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**FOR CORPORATIONS (To be completed by Corporation President or Secretary)**

Attach a copy of the Articles of Incorporation, a list of officers, and a list of all people who own or control 25% or more of the stock or interest in the corporation or any other person who exercises substantial control over the applicant's management or business practices. For each person, provide their name, title, percentage of ownership and/or nature of interest.

**Name**

**Address**

**Telephone #**

**E-Mail Address:**

I declare, under penalty of perjury under the laws of California, that I am the officer of the corporation indicated above, and as such, further declare for and on behalf of said corporation that the answers and information submitted on this form and any accompanying attachments are true and correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.**

**By submitting this application for registration, you are acknowledging that you have read and understand the laws relating to the practice of a registered dispensing optician, including California Business and Professions Code, Chapter 5.4 (starting at section 2540), and Chapter 5.5 of Division 2, Article 1.5 (starting at section 2550).**

#### IMPORTANT REMINDERS

- Registrations expire biennially and must be renewed at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov).
- Registered Dispensing Opticians are required to report co-locations with optometrists to the Board. If you are co-located with an optometrist, please report the co-location to the Board at [www.BreEZe.ca.gov](http://www.BreEZe.ca.gov).
- Registered Dispensing Opticians, optometrists, optical companies or health plans may have a landlord-tenant relationship if all requirements under BPC § 655 are met.

#### PERSONAL INFORMATION COLLECTION AND ACCESS

*All terms of information requested are mandatory. The information provided in this form will be used by the California Board of Optometry to determine qualifications for a registered dispensing optician registration. Business and Professions Code (BPC) sections 27, 141, 480, and 2550 through 2564.6 authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the application as being incomplete. Information provided may be transferred to other government agencies and/or law enforcement agencies, as may be necessary to permit the Board of Optometry, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your social security number or individual identification number is mandatory and collection is authorized by BPC sections 30 and 31. The State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board of Optometry. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid. Your name and address of record listed on this application will be disclosed to the public upon request through license verification on the Board of Optometry website, if and when you become licensed per BPC section 27. The Executive Officer of the Board of Optometry is responsible for maintaining the information in this application.*