



WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231

Charleston, West Virginia 25301

Phone: (304) 627-2106

Fax: (304) 627-2282

e-mail: wvbdopt@westvirginia.net

Please check one: **Optometric Corporation** _____, or
Professional Limited Liability Corporation (P.L.L.C.) _____

PLEASE COMPLETE ALL QUESTIONS ON THIS APPLICATION FOR CERTIFICATION OF AUTHORIZATION TO PRACTICE OPTOMETRY AS AN OPTOMETRIC CORPORATION OR P.L.L.C. IN THE STATE OF WEST VIRGINIA.

RETURN THIS APPLICATION FORM WITH APPLICATION FEE OF TWENTY-FIVE DOLLARS (\$25.00) AND THREE COPIES OF YOUR ARTICLES OF CORPORATION ("TO PRACTICE OPTOMETRY" MUST APPEAR IN YOUR ARTICLES), AND A REGISTRATION FEE OF FIFTY DOLLARS (\$50.00) TO:

**ADMINISTRATIVE SECRETARY
WEST VIRGINIA BOARD OF EXAMINERS IN OPTOMETRY
101 MICHAEL STREET
CLARKSBURG, WV 26301-3937**

IN THE EVENT THAT YOU DO NOT QUALIFY FOR AN OPTOMETRIC CORPORATION, THE REGISTRATION FEE OF FIFTY DOLLARS WILL BE RETURNED.

NAME OF CORPORATION: _____

FEIN NUMBER: _____

CORPORATE ADDRESS: _____

Street Address

City, State, Zip Code

County

MAILING ADDRESS: _____

Street Address

City, State, Zip Code

County

TELEPHONE NO.: _____ **WV LICENSE #** _____

CORPORATE STOCKHOLDERS AND OFFICERS

(ALL MUST BE OPTOMETRISTS):

NAME OF STOCKHOLDERS: **SIGNATURE OF STOCKHOLDERS:**

TITLE

1. _____ **PRESIDENT**

2. _____ **SECRETARY**

3. _____ **TREASURER**

4. _____

I (WE) ARE THE SOLE STOCKHOLDERS IN THIS CORPORATION:

(SIGNATURE(S))

DATE: _____

(NOTARY)

IT IS THE RESPONSIBILITY OF THE REGISTRANT TO NOTIFY THE BOARD OFFICE IF CORPORATION IS DISSOLVED.