South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Examiners in Optometry
P.O. Box 11329 • Columbia, SC 29211
Phone: 803-896-4679 • Fax: 803-896-4719
www.llr.state.sc.us/POL/Optometry/

NAME CHANGE REQUEST FORM

Please provide the Board Office with a copy of the legal documentation of name change (i.e. marriage license, court order, or divorce decree) with this form. This form can be mailed, faxed, or emailed to the Board Office.

FEES: **POCKET CARD - $10.00** **WALL CERTIFICATE - $25.00**

NAME_____**LICENSE NO.**_____

NEW NAME _____

ADDRESS_____

CITY_____ **STATE**_____ **ZIP**_____

TELEPHONE NO._____ **EMAIL**_____

SIGNATURE_____ **DATE**_____