



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners in Optometry**

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**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. *No fee required.***

**License No.:** \_\_\_\_\_ **Name on License:** \_\_\_\_\_

**Name be changed to:** \_\_\_\_\_

**Contact Update:** *(if no change, please leave blank)*

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certificate Reprint**

If you wish to receive a new pocket card and/or wall certificate, complete the section below and mail in form with a check or money order in the appropriate amount. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.

	Quantity	Cost per document	Total
Pocket Card		\$10.00	
Wall Certificate		\$25.00	
<i>Total Amount Enclosed</i>			

\*You can print a copy of the pocket card only at no charge by clicking on “Print copy of your license” at <http://www.llr.sc.gov/opto>.