



Perimeter Center  
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### NAME/ADDRESS CHANGE FORM

Requests for address/name change may be submitted via email, fax or postal mail to the board office and are completed in approximately 5 to 7 business days after receipt. Email notification is sent when processed. To request a license that reflects a name change prior to the next renewal, complete a "[Duplicate Request](#)" online or mail this form with a check or money order for **\$10.00** made payable to the "Treasurer of Virginia."

#### CURRENT INFORMATION

Last Name:		First Name:		M.I.:	Maiden or Other:
VA License Number:			Last four digits of Social Security Number:		
Email Address: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/>			Primary Phone Number:		

**CHANGE OF NAME**

Submit copy of a legal document (i.e. marriage license, divorce decree, or other court document) verifying new name.

#### NEW NAME

Last Name:		First Name:		Middle:

**CHANGE OF ADDRESS:** Virginia law allows persons regulated by boards within the Department of Health Professions to provide an alternative address for public disclosure if they want their address of record to remain confidential, used only for agency purposes. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. If an alternative public address is not provided, the address of record will also be used as the public address and may be disclosed if specifically requested. Addresses of individuals **are not posted** on the "[License Lookup](#)" program available through the board's [website](#).

#### OLD ADDRESS

Street Address:		
City:	State:	Zip Code:

#### NEW ADDRESS

Street Address:		
City:	State:	Zip Code:
Is this address: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Both	If private, please verify public address:	
	Street Name:	
	City:	State: Zip:

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date