

North Carolina



State Board of Opticians

P.O. Box 6758
Raleigh, NC 27628-6758
Telephone: (919) 420-1390 FAX: (919) 420-1361

***** CERTIFICATION OF COMPLETION *****

3 1/2 YEAR APPRENTICESHIP

LEADING TO ADMISSION TO SIT FOR LICENSURE EXAMINATION

(Authority: General Statutes 90-240, -253; N.C.A.C. Title 21, Chapter 40, Sections .0314 & .0207)

***** Please complete each item, you and your trainer sign the form. *****

Name	Date of Birth	Social Security Number	
		()	
Home Address	Sex	Race	Home Telephone
City	State	Zip Code	
		()	
Registered Optical Training Establishment	Business Telephone		
Street Address	City	State	Zip Code
Signature of Applicant	Signature of Licensed Trainer	License Number	
Date			

*****Sign and return by mail. DO NOT FAX. Original Signatures needed.*****