



GEORGIA BOARD OF DISPENSING OPTICIANS
237 Coliseum Drive * Macon, Georgia 31217-3858
478-207-2440

AFFIDAVIT OF APPLICANT

_____ has become proficient with the instruments used in
(Applicant's name – Please Print Clearly)
the laboratory. Since the last examination, he/she has obtained additional lab hours. The
following additional experience was obtained in the field of ophthalmic dispensing:

_____ License # _____
(Print Name of Licensed Supervisor)

(Signature of Licensed Supervisor)

Personally appeared before me, the undersigned official authorized to administer oaths, comes
_____ who deposes and swears that he/she is the person who
(Printed Name of Licensed Supervisor)
executed this affidavit for the State of Georgia Dispensing Opticians Board; and that all the
statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and described before me this _____ day of _____, 20____

Notary Public: _____

County of: _____

My Commission Expires: _____

Rev 3-6-2010