



GEORGIA STATE BOARD OF DISPENSING OPTICIANS

<https://sos.ga.gov/licensing-division-georgia-secretary-states-office>

AFFIDAVIT OF APPRENTICE APPLICANT:

Personally appeared before me, the undersigned official authorized to administer oaths, came _____ who deposes and swears that he/she is the person who executed this registration form for an apprentice registration in the State of Georgia; and that all the statements contained herein are true to the best of his/her knowledge and belief.

(Signature of Apprentice)

(Date Signed)

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

Notary Public _____

My commission expires: _____

Notary Public

(Notary Seal)

AFFIDAVIT OF SUPERVISOR:

This form is to be completed by the Licensed Professional serving in a supervisory capacity in the primary location of the apprenticeship.

I, _____, a (circle one) licensed dispensing optician,
(Print Name Clearly)

licensed optometrist or other licensed physician, _____
(Business Name)

Business Street Address: _____

City _____ State _____ Zip _____

Phone Number (_____) _____

I, _____, License Number _____, in the State of Georgia,

being duly sworn certify that _____ will be instructed by me.

(Print name of Apprentice)

I hereby certify that the apprentice will comply with the Georgia laws and rules while optical dispensing or the State Board has been notified that I am withdrawn as the supervisor.

(Signature of Licensed Professional serving in the supervisory capacity)

State of _____

(Notary Seal)

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

My commission expires: _____

Notary Public

02/17/2026