



Maryland Board of Examiners in Optometry

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APPLICATION FOR USE OF A CORPORATE NAME

Licensee Information

Name _____ License Number _____

Name of the Corporation to be adopted _____

Reason _____

Corporate/Shareholder Information

Number of Shareholders _____

Names of Shareholders _____

President of Corporation _____

Address of Corporation _____

Street

City

State

Zip Code

Notary Public Documentation

The undersigned, being duly sworn deposes and says that he or she is the person who executed this application; that the statements contained herein are true and correct to the best of his or her knowledge and belief; that he or she has suppressed any information that might affect this application; that he or she will abide by the ethical standards and conduct of this profession; and has read and understands this affidavit.

Notary Public

My Commission Expires

This application must be accompanied by a check in the amount of \$10.00 payable to the Maryland Board of Examiners in Optometry for an administrative fee. Upon approval by the Board, and the Maryland Optometric Association, a Certificate of Authorization will be issued.