



# License Reprint & Portable Multiple Form

## OREGON BOARD OF OPTOMETRY

**If you change your primary practice address and need a new license with the new address, please complete the form below. If you need additional portable multiple licenses, please use this form as well. If you lose your license and need a reprint, complete this form to order new copies.**

Each license order will include one copy of your primary practice license and one duplicate portable license. You must display a license at each location you work. Use the primary practice location license at that location and you can take the duplicate portable license to any other practices you work at.

Just a reminder--Optometrists must report each practice location to the Board in writing prior to beginning practice at that location, and must display a valid license in plain sight where any patient may view it.

All licenses expire and must be renewed during your annual renewal period (the due date is the first day of your birth month). If you have questions, please contact the Board office at (503) 399-0662 or via email at [Optometry.Board@oregon.gov](mailto:Optometry.Board@oregon.gov).

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### Order Form: License Reprint or Duplicate Portable Multiple Practice Location License

I wish to order \_\_\_\_ additional copies of my primary practice license and portable multiple practice location licenses at \$40 for each set (includes one primary practice and one portable multiple license) and have enclosed a check or money order for \$ \_\_\_\_\_. (Check below to pay the fee online)

OD Name: \_\_\_\_\_

Primary Practice Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

**Mail to:** Oregon Board of Optometry, 1500 Liberty Street SE, Suite 210, Salem, Oregon 97302

**Fax to:** (503) 914-5142 or **Email to:** [Optometry.board@oregon.gov](mailto:Optometry.board@oregon.gov)

Check here if you'd like the Board to email you an online invoice to pay the fee via credit card

Check here if you'd like the Board to update your primary practice address in your license record

Signature: \_\_\_\_\_ Date: \_\_\_\_\_