

- **(One application per location)**

APPLICATION FOR CERTIFICATE OF REGISTRATION OF ASSUMED/FICTITIOUS NAME

- Pursuant to the provisions of Chapter 636 of the Nevada Administrative Code, I ,*

- ,O.D., a duly licensed optometrist in the State of Nevada, License Number*

- , hereby make application for a Certificate of Registration of*

- , to be used as an assumed/fictitious name under which optometry will be practiced at the following address.*

- **Select any that apply:**
I have registered the fictitious name with

- The Nevada Secretary of State.

- The Nevada County in which it will offer services.
You must attach proof of the registration(s)

- Attach Documents

- Following is a list of the name and address of each person holding any ownership interest, regardless of size, in the business operating under the assumed or fictitious name at this location. If any owners of the business at this location are entities (such as corporations, companies, partnerships or trusts), I have provided a list of each of those entities' owners in the "Comments" section of this application.

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- I understand if any of the above information changes, I must submit a new Application within five business days of any change, addition or deletion. Failure to do so may result in disciplinary action by the Board.

- Application Fee

\$50.00*

- By submitting this information and checking this box, I affirm that each document is complete and correct and that all information contained in this submission is true under the pains and penalties of perjury and the requirements of NRS Chapter 636 and NAC Chapter 636 and Nevada law generally. I also acknowledge that if I have directed or authorized another to complete or submit this information on my behalf, I, the optometrist licensed by the Nevada Board of Optometry, am fully responsible for the content of this submission.

- Name*

- Date*

Date Format: MM slash DD slash YYYY