



**Board for Hearing Aid Specialists and Opticians
 Optician - CERTIFICATE OF LICENSE TERMINATION**

I hereby certify that I, _____, wish to terminate my individual license
Legal Name
 on _____ . Accordingly, I am returning license number

--	--	--	--	--	--	--	--	--	--	--	--

.
Date

I, the undersigned, certify that the foregoing statement and answers are true. I have complied with all the laws of Virginia related to licensure under the provisions of Title 54.1, Chapter 15, of the *Code of Virginia* and the *Virginia Board for Hearing Aid Specialists and Opticians; Optician Regulations*.

1. Legal Name _____
Last First Middle Generation

2. Provide at least **one** of the following identification numbers* :

Social Security Number and/or

--	--	--	--

 -

--	--

 -

--	--	--	--	--	--

Virginia Department of Motor Vehicles Control Number

--	--	--	--	--	--	--	--	--	--

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address (PO Box accepted) _____

City State Zip Code

4. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

5. Email Address _____

6. **Signature of Licensee**
 Print Name _____
 Signature _____
 Date _____

BOARD USE ONLY	LICENSE NUMBER	TRANSACTION DATE
----------------------	----------------	------------------