



# City of Boston

## Optometrist Registration Form

I, the undersigned, herewith present Medical License # \_\_\_\_\_ for the records of the Office of the City Clerk. I intend to conduct the practice of optometry in the City of Boston.

My office or usual place of business is as follows:

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

The required fee of \$100.00 is herewith tendered.

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

Print Name \_\_\_\_\_

**▼ FOR ADMINISTRATIVE USE ONLY ▼**

Boston, Massachusetts Date: \_\_\_\_\_

In accordance with the provisions of Chapter 112, Section 70 of the Massachusetts General Laws, I hereby certify that Optometrist, \_\_\_\_\_ this day exhibited certificate or certificate statement # \_\_\_\_\_ issued under the authority of the Laws of the Commonwealth and the Ordinances of the City of Boston. *The required fee of \$100.00 has been paid.*

Signed \_\_\_\_\_ City Clerk of the City of Boston.  
Alex Geourntas