



Department of Public Health & Social Services
GUAM BOARD OF EXAMINERS FOR OPTOMETRY
194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
Hagåtña, Guam 96910
Website: <https://guamhplo.org/gbeo>
Contact No.: 671-735-7408

RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street or PO #) (City) (State) (Zip Code)

Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Please print the complete name used on original license and your Social Security Number.

Name: _____ SS#: _____

III. FEES: Please make all checks or money orders payable to **TREASURER OF GUAM**. Online payments can be made at <https://guamhplo.org/gbeo/pay> (additional 5% convenience fee). All fees are **NON-REFUNDABLE**.

Please check your request(s):

- | | |
|--|-----------|
| 1. ___ Application by examination | \$ 250.00 |
| 2. ___ Application by endorsement | \$ 250.00 |
| 3. ___ Duplicate License | \$ 100.00 |
| 4. ___ License Fee (Initial) | \$ 150.00 |
| 5. ___ License Renewal | \$ 150.00 |
| 6. ___ License Verification | \$ 15.00 |
| 7. ___ Reinstatement | \$ 100.00 |
| 8. ___ Temporary Work Permit | \$ 10.00 |
| 9. ___ Inactive license (50% of 111.4) | \$ 75.00 |
| 10. ___ Practice Act | \$ 5.00 |
| 11. ___ Rules & Regulations | \$ 10.00 |
| 12. ___ Photocopy (5 pages or less) | \$ 3.00 |
| 13. ___ Photocopy (each addition page) | \$ 0.50 |

FOR OFFICE USE ONLY: Payment [] Check [] Money Order [] Cash [] Credit Card

Field Receipt #: _____ **Date Paid:** _____

Account #: 324156345
