



Department of Public Health & Social Services
The Guam Board of Examiners for Optometry
 Mailing/Physical Address: 194 Hernan Cortez Terlaje Professional Bldg.
 Hagatna, Guam 96910
 Contact No. (671) 735-7404-12

License Renewal Application

A. Instructions:

1. Complete the renewal application form (GBEO-8)
2. Complete continuing Optometry reporting form (GBEO-9)
3. Complete Record of Payment form (GBEO-7)

Make checks payable to **TREASURER OF GUAM**

B. Identification:

NAME: _____

Last Name
First Name
M.I.

License No. _____ License Expiration Date: _____

Social Security No. _____

LIST ALL PRACTICES NAMES, LOCATIONS, AND ADDRESSES

Name	Location	Address

Mailing Address: _____

Residence Address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Applicant's signature

Date



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I.

IDENTIFICATION

NAME: _____
LAST NAME
FIRST NAME
MIDDLE INITIAL

II. **VERIFICATION OF LICENSURE:** Please print the complete name used on the Original License and your Social Security Number.

III. **FEES:** Please make all checks or Money Orders payable to **“TREASURER OF GUAM”**
 ALL fees are **NON-REFUNDABLE**. Treasurer of Guam Cashiers are located at the International Trade Center (ITC Building 1st floor in Tamuning)

Please check mark 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 Fee	\$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 and Regulations	\$10.00
12.	Photocopy (5 pages or less)	\$3.00
13.	Photocopy (each additional page)	\$0.50

FOR OFFICE USE ONLY:

PAYMENT TYPE: () CASH () CHECK () MONEY ORDER

DATE RECEIVED: _____ **PAYMENT RECEIPT NO.** _____

PAYMENT DATE: _____