



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

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: _____