



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 _____
(Street Name)

_____ (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 _____ has this day exhibited certificate or certificate statement # _____ issued under the authority of the laws of the Commonwealth and the City of Boston.

The required fee of \$100.00 has been paid.

Signed _____ Clerk of the City of Boston.
Maureen Feeney