



# City of Springfield

## 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 Springfield.

My office or usual place of business \_\_\_\_\_  
(Street Name)

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

\_\_\_\_\_ **I AM EXEMPT FROM FILING BECAUSE I AM NOT ENGAGED IN THE PRACTICE OF MEDICINE IN THE CITY OF SPRINGFIELD.**

**The required fee of \$100.00 is herewith tendered.**

I hereby Certify under the Penalties of Perjury that all information on this Application is true under authority of the laws of the Commonwealth and the City of Springfield.

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

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

**\*\* FOR ADMINISTRATIVE USE ONLY \*\***

Springfield, 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 Springfield.

**The required fee of \$100.00 has been paid.**

Signed \_\_\_\_\_ Clerk of the City of Springfield.  
Wayman Lee