



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Examiners of Opticianry

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www.llr.sc.gov/opti

EMPLOYER STATEMENT OF PRACTICE AFFIDAVIT

***For all applicants applying from non-licensing states, a complete Employer Statement of Practice Affidavit must be included with the application.**

Applicant Name: _____

Name of Employer: _____

Employer Address: _____

Phone: _____ Email: _____

Has the Applicant engaged in the practice of opticianry for no fewer than two (2) cumulative years within the past five (5) years? Yes No

Dates of Practice: _____

Briefly describe the opticianry activities in which the applicant was engaged: _____

ATTESTATION

I, the employer of the named applicant, affirm that to the best of my knowledge the statements above are true and correct.

Signature of Employer

Date

Sworn and subscribed before me this ____ day of _____, 20____ .

Notary Signature: _____

Print Notary Name: _____

(SEAL)

Notary Public for the State of: _____

Commission Expiration Date: _____