



MEDICAL BOARD OF CALIFORNIA Licensing Program



FILING INSTRUCTIONS FOR REGISTRATION AS A NONRESIDENT CONTACT LENS SELLER (NCLS)

Prior to filling out the application, please review [California Business & Professions Code sections 2546-2546.10](#) as they pertain to a NCLS.

In completing this application, please follow the instructions below. Any omitted items or incomplete statements may be cause for your application to be rejected as incomplete. An applicant's filing for registration is not approved nor effective until the applicant is notified of the same by the Licensing Program.

ITEM #	INFORMATION REQUIRED
1.	Enter your name, street address, and telephone or that of your company, whichever is filing for registration. The person or entity listed in this section is considered the applicant and ultimately responsible for maintaining the registration and adhering to all terms and conditions attached thereto.
2.	Check the type of entity that describes you, as the applicant.
3.	Enter the complete name under which you as the applicant will be doing business in the State of California.
4.	As a Non-Resident Contact Lens Seller, State law requires that you have a designated agent for service of process in California. Enter your agent's name, address, and telephone number.
5.	If the address and telephone number provided in Item 1 is not your main mailing address and telephone number, please enter that address and telephone number in Item 5.
6.	State law requires that you have a toll-free telephone number that consumers can call with questions and complaints. Enter the toll-free telephone number that consumers can reach you with their questions and complaints. If you do not have a toll-free telephone number for such purposes, attach an explanation as to why.
7.	State law requires that your toll-free telephone number be available at least 6 days a week and at least 40 hours per week to consumers with questions and complaints. Enter your response to the question posed in Item 7. If your response is "No", attach an explanation.
8.	State law requires that your toll-free telephone number for consumers to call with their questions and complaints is to be included in the literature provided with each contact lens mailed. Enter your response to the question posed in Item 8. If your response is "No", attach an explanation.
9.	Enter the name of the state from which you sell contact lenses and where your selling facility is located.
10.	California law requires that you be either registered or otherwise authorized to sell contact lenses in your state. Enter your registration number, license number or other authorization number which authorizes you to sell contact lenses in your state. If you are not registered or otherwise authorized to sell contact lenses in your state, attach an explanation as to why not.
11.	California law requires that you be in good standing and either registered or otherwise authorized to sell contact lenses in your state. Enter your response to the question posed in Item 11. If your response is "No", attach an explanation.
12.	Enter your response to the question posed in Item 12 as to when your authorization to sell contact lenses in your state expires.
13.	Provide the information requested with respect to the entity that issued your authorization to sell contact lenses in your state.
14.	Enter your "Federal Employer Identification Number" or "Social Security Number."
15.	If you are applying as a sole proprietor, partnership, or any other non-corporate entity, sign where indicated in Item 15. The signature of all owners of the business is required.
16.	If you are applying as a corporation, the corporation's president or secretary must sign where indicated in Item 16.
17.	DO NOT COMPLETE UNTIL IN THE PRESENCE OF A NOTARY.



MEDICAL BOARD OF CALIFORNIA Licensing Program

APPLICATION FOR REGISTRATION AS A NONRESIDENT CONTACT LENS SELLER

Please **READ** all instructions prior to completing this application. ALL questions on this application must be answered, and all supporting documents must be submitted as per instructions. Please **type or print neatly**. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. A separate application is required for each name under which you will be doing business.

**Registration is not transferable. Previous owner must complete a
Cancellation of Certificate form prior to a new registration being approved**

1. Applicant's complete name, street address, and telephone number:			
Name: _____		Telephone Number: _____	
Street Address	City	State	Zip Code
2. The applicant is: (Check only one box)	<input type="checkbox"/> Individual (Sole Proprietor)	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporation (Attach a copy of the articles of incorporation and a list of officers)		
3. Complete business name under which the applicant will be doing business in the State of California:			
Name: _____			
4. Name, address, and telephone number of applicant's agent for service of process located in the State of California:			
Name: _____		Telephone Number: _____	
Street Address	City	State	Zip Code
5. Street address and telephone number of the applicant's main office or branch, if different from that listed in Item 1 above:			
Address: _____		Telephone Number: _____	
City: _____	State: _____	Zip Code: _____	
6. Applicant's toll-free telephone number consumers can call with questions and complaints: _____			
7. Is the above toll-free telephone number available to consumers at least 6 days per week <u>and</u> at least 40 hours per week?			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the above toll-free telephone number included in the literature provided with each mailed contact lens? Attach a copy of the literature containing the toll-free number and "warning" as specified in B&P 2546.5(e)			<input type="checkbox"/> Yes <input type="checkbox"/> No

The Licensing Program of the Medical Board of California requests this information. Failure to provide any of the requested information may result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for registration per Section 2546.4 & 2546.5 of the Business and Professions Code, which authorizes the collection of this information. The Licensing Program chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at the above address. Information in this application may be transferred to other governmental or law enforcement agencies.

Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Corporations are exempt from this requirement. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

BOTH PAGES OF THIS FORM MUST BE COMPLETED

9. State from which the applicant sells contact lenses and where the applicant's setting facility is located:

10. License, registration or authorization number that authorizes the applicant to sell contact lenses in the above state:

11. Is the above license/registration/authorization current, valid, and in good standing in the above state? Yes No

12. When does the above license/registration/authorization expire?

13. Name, address, and telephone number of the entity that issued the above license/registration/authorization. (You must have a letter of good standing send directly to the Board.)

Name: _____ Telephone Number: _____

Street Address City State Zip Code

14. Applicant's Federal Employer Identification Number or Social Security Number:

15. **FOR INDIVIDUAL OR PARTNERSHIP:** Information below to be completed by each owner.

a. Name _____ Address _____

Signature _____ Title _____ Date _____

b. Name _____ Address _____

Signature _____ Title _____ Date _____

16. **FOR CORPORATIONS:** Information below to be completed by the corporation president or secretary.

I am an officer of _____ (Complete name of corporation)
and such, make the declaration below for and on behalf of said corporation.

Name _____ Title _____

Address _____

Signature _____ Date _____

17. **Applicant's Declaration/Signature and Notary** (To be completed in the presence of a notary by an owner/officer named above.)

I, _____, declare under penalty of perjury under the laws of the State of
(PLEASE PRINT FULL NAME OF APPLICANT) California the foregoing is true and correct.

SIGNATURE OF APPLICANT: _____
(PLEASE SIGN FULL NAME)

Sign and Sworn before me this _____ day of _____, _____ at _____, California.
(month) (year) (city)



Signature of Notary Public

Address

My commission expires: _____