



Dispensing Optician Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Qualifications Attestation

If you did not submit the Qualifications and Training Attestation with your application for licensure, and if you have now met the requirements outlined below, please complete this form and return it to the address above.

Applicant Demographics:

First Name	Middle	Last Name
Credential # (If available)	Date of Birth	

Attestation:

I certify I have completed each of the following requirements:

- I am at least 18 years of age;
- I am of good moral character.

Signature _____ Date _____