



South Carolina
Department of Labor, Licensing and Regulation
Board of Examiners in Optometry



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ELECTION PETITION

I, the undersigned optometrist currently licensed to practice optometry in the State of South Carolina, hereby petition to have the my name printed on the official 2018 election ballot as a candidate for a seat on the South Carolina Board of Examiners in Optometry.

NAME: _____

LICENSE #: _____

ADDRESS: _____

Notify the Board’s office in writing of intention to run by July 9, 2018 to ensure your name is pre-printed on the ballot. The Election Petition may be submitted by mail to South Carolina Board of Examiners in Optometry, P.O. Box 11329, Columbia, SC, 29211 or by email to contact.optometry@llr.sc.gov. Please submit curriculum vitae with your petition.