COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
VISUAL AID GLASSES SELLER REGISTRATION FORM, G-1, 2018

Kentucky Office of the Attorney General
Office of Consumer Protection
1024 Capital Center Drive, Suite 200
Frankfort, KY  40601
Phone: (502) 696-5389
Fax: (502) 573-8317

INSTRUCTIONS:

This Registration Form is for the annual registration required by KRS 367.686 for a person located outside Kentucky who sells or dispenses visual aid glasses (defined by KRS 367.680) to patients at a Kentucky address.

1. Complete all sections. Type or neatly print your responses.
2. The Registration Form shall be signed and certified by a person, officer, or agent, with authority to sign on behalf of the registrant.
3. The registration fee of $500 shall accompany the Registration Form. Checks shall be made payable to the Kentucky State Treasurer.
4. The original of the Registration Form and the registration fee shall be mailed to:
   Kentucky Office of the Attorney General
   Consumer Protection Division
   1024 Capital Center Drive, Suite 200
   Frankfort, KY  40601
5. The registrant shall provide a written update to the Office of Consumer Protection, at the address shown above, within thirty (30) days of a material change to information in the Registration Form.

For reference:
• Kentucky Statutes, KRS 367.680 to .690 [http://www.lrc.ky.gov/statutes]
• Administrative regulation (40 KAR 2:345) [http://www.lrc.ky.gov/kar/titles.htm]
• Forms and other information, Attorney General’s website [https://ag.ky.gov]

1. Legal name of registrant:
   ____________________________________________________________________________

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2. Other names under which business is conducted:
   □ None
   □ ____________________________________________________________
   □ ____________________________________________________________

3. Registrant’s contact person:
   Name: __________________________________________________________
   Title: __________________________________________________________
   Business address: ________________________________________________
   (CITY) (STATE) (ZIP)
   Phone number: (   )          Fax number: (   )
   E-mail (optional): ______________________________________________

4. Registrant’s principal physical business location: (This shall not be a post office box)
   _______________________________________________________________
   (CITY) (STATE) (ZIP)

5. Registrant’s mailing address:
   □ Same as principal physical business location (above)
   □ ____________________________________________________________
   (CITY) (STATE) (ZIP)

6. Location where registrant keeps or maintains records of its Kentucky customers:
   □ Same as principal physical business location (above)
   □ ____________________________________________________________
   (CITY) (STATE) (ZIP)

7. Registrant’s toll-free phone numbers for questions from customers, optometrists, osteopaths, and physicians:
   _______________________________________________________________
8. Registrant’s fax number: ________________________________________________

9. Registrant’s website: ________________________________________________

10. Has the Registrant been the subject of civil or criminal action by an agency that regulates the sale or dispensing of visual aid glasses?
    □ Yes    □ No
    If yes, explain (attach additional pages if necessary):
    ________________________________________________________________
    ________________________________________________________________

11. List each state in which the registrant is registered or licensed to sell or dispense visual aid glasses.
    ________________________________________________________________
    ________________________________________________________________

SIGNATURE AND CERTIFICATION OF REGISTRANT

I certify that I am authorized to sign and submit this application on behalf of the registrant and the foregoing statements are true and correct to the best of my knowledge and belief.

Signature: _________________________________
Printed Name: _________________________________
Title: _________________________________
Date: _________________________________

THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.

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