



**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:

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.