

**COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
MAIL ORDER CONTACT LENS SELLER
REGISTRATION FORM, CLS-1, 2003**

Pursuant to KRS 367.680 – 367.690, all contact lens sellers located outside Kentucky who intend to dispense contact lenses to Kentucky residents are required to register with the Attorney General’s Office and pay a registration fee. This registration form must be completed annually and the registration fee must be paid annually.

In order to register, the following information is required:

1. Name of Contact Lens Seller: _____

2. Name, title, and business address of all owners, partners, and corporate officers (Attach additional pages if necessary):
 - (a) _____

 - (b) _____

 - (c) _____

 - (d) _____

3. Name, title and business address of the person responsible for overseeing the dispensing of contact lenses to residents of Kentucky:

4. Has the person responsible for overseeing the dispensing of contact lenses been the subject of civil or criminal action by an agency that regulates the sale or dispensing of contact lenses?

Yes _____ No _____

If yes, please explain (Attach additional pages if necessary):

5. A toll free number is required to be in operation during your regular business hours for the sole purpose of responding to questions and complaints of patients in Kentucky. Provide the toll free number established for this purpose:

6. A toll free number is required to be in operation during your regular business hours for the sole purpose of optometrists, osteopaths, and physicians to contact you. Provide the toll free number established for this purpose:

By signing below, you are certifying to the accuracy of the information in this application and to compliance with the following:

- (a) The Applicant shall respond to all requests for information from the Attorney General within thirty (30) days of receipt of the request.
- (b) The Applicant shall maintain records of contact lenses dispensed to resident of the Commonwealth of Kentucky for a period of ten (10) years, and that these records shall be readily available for inspection by the Attorney General upon demand.
- (c) The Applicant shall refer all questions relating to eye care to the doctor prescribing the lenses.
- (d) The Applicant shall send the following written notification or a substantially equivalent written notification to the patient whenever contact lenses are supplied:
WARNING: IF YOU ARE HAVING ANY OF THE FOLLOWING SYMPTOMS REMOVE YOUR CONTACT LENSES IMMEDIATELY AND CONSULT YOUR EYE CARE PRACTITIONER BEFORE WEARING YOUR LENSES AGAIN: UNEXPLAINED EYE DISCOMFORT, WATERING, VISION CHANGE, OR REDNESS.
- (e) The Applicant's license in the state in which the applicant is licensed or registered has not been suspended or revoked but, should the applicant be the subject of any

investigation undertaken by the licensing or registering state or, should the applicant's license or registration be suspended or revoked, the applicant shall immediately notify the Attorney General of such actions.

- (f) A registration fee of three hundred dollars (\$300.00) shall be included with the registration form and should be in the form of a check made payable to the Kentucky State Treasury.

FURTHER AFFIANT SAYETH NOT.

I hereby certify that I am authorized to complete this application on behalf of the Applicant and the foregoing statements are true and correct to the best of my knowledge and belief.

Affiant

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires _____.

Notary Public