



MISSISSIPPI STATE BOARD OF OPTOMETRY

REQUEST FOR ADDITIONAL OPTOMETRY LICENSE

Rule 9.4 Registration of main and branch offices.

Each office shall be registered with the Mississippi State Board of Optometry. The Optometrist's license must be displayed in each office location and shall be furnished by the Board at a fee to be determined by the Board. Source: Miss. Code Ann. § 73-19-3

Name: _____ License Number: _____

Email Address: _____

I am requesting an additional optometry license due to the following reasons:

☐ I have misplaced the original copy of my license

☐ I have an additional location, as follows:

Name of Practice: _____

Address: _____

City, State, Zip Code: _____

By submission of this Request, I understand that floor plans must be provided upon request by the Board to validate compliance with the rules of the Board.

Please indicate the address where the license(s) should be mailed:

Address

City

State

Zip Code

I am enclosing a check or money order in the amount of \$10.00 for each additional license.

OFFICE USE ONLY

Date Received:	Date Processed:	Check/Money Order #	MSBO Staff Initials:
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