



# MISSISSIPPI STATE BOARD OF OPTOMETRY

## REQUEST FOR ADDITIONAL OPTOMETRY LICENSE CERTIFICATE

*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 certificate due to the following reasons:

- I have misplaced the original copy of my license certificate
- I have a new practice location
- I have an additional location

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 certificate(s) should be mailed:

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

I have enclosed a check or money order in the amount of \$10.00 for each additional license certificate.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### OFFICE USE ONLY

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