



## APPLICATION FOR RETIRED STATUS

[Pursuant to MCA § 73-19-21]

<b>Full legal name as it appears on your Mississippi optometry license</b>		
Last	First	Middle/maiden
Date of birth	Social Security #	License #
Email		
Home Address		
City	State	Zip
Mailing address, if different		
City	State	Zip
Home Phone	Cell Phone	Other Phone

I hereby request that I be placed on **retired status**. I certify that I have been in good standing with the Board through the latest renewal period and have held a Mississippi State Board of Optometry and have with no fines or penalties imposed. I understand that I shall not be issued a license, nor shall I practice optometric services. I further understand that should I request that my license be returned to active status I must complete the Reinstatement Application and meet all requirements stated therein.

License is attached

License is lost or not available

Signature: \_\_\_\_\_ Effective Date of Request: \_\_\_\_\_

Print Complete Name \_\_\_\_\_