



INSTRUCTOR RENEWAL APPLICATION

ITEM	INFORMATION TO BE SUBMITTED	RESPONSE
1	EXISTING INSTRUCTOR RENEWAL WITH NO CHANGES IN INSTRUCTION CATEGORIES	YES NO – if you are requesting changes, please complete the SC.02
2	\$50.00 INSTRUCTOR RENEWAL APPLICATION FEE ATTACHED Money Order/Cashier's Check # _____	
3	\$100.00 INSTRUCTOR RENEWAL LATE FEE ATTACHED IF FILED AFTER EXPIRATION DATE Money Order/Cashier's Check # _____	

NOTE: ALL MISSISSIPPI INSTRUCTOR LICENSES EXPIRE JUNE 30 OF EVEN YEARS.

Licensee's Name as it appears on the license certificate	
Applicant's Mailing Address (Not School's)	
City, State, and Zip	
Contact Phone Number	
Email Address	
Date of Birth	
Last Four (4) Digits of Social Security #	
Name of School Where You Are (or will be) Employed	NO CHANGE N/A (Independent Instructor)
Are You an Independent Instructor and Not Currently Employed at a Massage School	YES NO

SIGNATURE

DATE