



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING CERTIFICATION REQUEST FORM

Instructions: This form must be completed and accompanied by the following attachments:

1. Color copy of the applicant's valid Mississippi license and
2. Non-refundable \$35.00 fee payable by check or money order.

Name: (First, Middle, Last)

Physical Address:

Mailing Address:

Phone:

E-Mail:

DOB: ____/____/____

Social Security Number: _____

Mississippi Registration Number: _____

License Type:

Cosmetologist

Barber

Nail Technician

Esthetician

Name of salon/shop where you are employed:

Salon/Shop mailing Address:

Salon/Shop registration number: _____

Name of entity where Certification should be sent:

Address of entity where Certification should be sent:

Email address of entity where Certification should be sent:

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signature

Date