



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

SENIOR LICENSE RENEWAL FORM

This form may be used by a Mississippi licensee who is in good standing at is seventy (70) years old or older at the time of renewal.

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

1. 2x2 inch passport style color photograph taken within the last ninety (90) days of application date and
2. Color copy of the applicant's valid Mississippi practitioner license.

Name: (First, Middle, Last)

Physical Address:

Mailing Address:

Phone:

E-Mail:

DOB: ____/____/____

Social Security Number: _____

Mississippi Registration Number: _____

Name of salon/shop where you are employed:

Salon/Shop mailing Address:

Salon/Shop Registration Number: _____

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

Signature

Date: