



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## CERTIFICATION REQUEST FORM

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**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 application fee payable by check or money order.

Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

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**Name: (First, Middle, Last)**

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**Physical Address:**

\_\_\_\_\_

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**E-Mail:**

\_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**MSBCB Registration Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**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:**

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**Email address of entity where Certification should be sent:**

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

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Signature

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Date