



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## DUPLICATE LICENSE REQUEST FORM

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**Instructions:** This form must be completed and accompanied by two (2) current forms of identification of which at least one (1) must be a government issued identification with photograph and the non-refundable \$10.00 application fee payable by check or money order.

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

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**Physical Address:**

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**Mailing Address:**

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**Phone:**

**E-Mail:**

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

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

**Current Mississippi License Type:** \_\_\_\_\_

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

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

**Duplicate License Type Requested:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cosmetologist     | <input type="checkbox"/> Cosmetologist Instructor     | <input type="checkbox"/> Cosmetologist Master     |
| <input type="checkbox"/> Barber            | <input type="checkbox"/> Barber Instructor            | <input type="checkbox"/> Barber Master            |
| <input type="checkbox"/> Nail Technologist | <input type="checkbox"/> Nail Technologist Instructor | <input type="checkbox"/> Nail Technologist Master |
| <input type="checkbox"/> Esthetician       | <input type="checkbox"/> Esthetician Instructor       | <input type="checkbox"/> Esthetician Master       |
| <input type="checkbox"/> Senior            | <input type="checkbox"/> Establishment                | <input type="checkbox"/> School                   |

**Reason for Duplicate License:**

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Lost/Stolen License | <input type="checkbox"/> Multiple Places of Employment | <input type="checkbox"/> Other |
|--|--|--------------------------------|

**If Other, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Name and address of salon/shop(s) where you are employed:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**License number of salon/shop where you are employed:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date