



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## INACTIVE LICENSURE STATUS REQUEST FORM

This form may be used by a Mississippi licensed practitioner in good standing who is not actively practicing in Mississippi only at the time of licensure renewal.

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

1. a color copy of the applicant's valid Mississippi practitioner license and
2. Non-refundable \$15.00 application fee payable by check or money order.

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

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

---

**Physical Address:**

---

**Mailing Address:**

---

**Phone:**

---

**E-Mail:**

---

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

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

**Mississippi Registration Number:** \_\_\_\_\_

**Are you currently in good standing with the MSBCB?**  Yes  No

**Are you currently working using your license as issued by the MSBCB?**  Yes  No

If yes, list the name, mailing address, and license number of the establishment where you are working.

---

---

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date: