



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

LICENSE FORM

Instructions: This form is required to be completed prior to the issuance of a license. This form may be completed only after the required exam(s) are successfully passed. This form must be completed and accompanied by the non-refundable license fee payable by check or money order in the amount of:

\$50.00 for practitioner licenses or
\$80.00 for instructor licenses.

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: _____

License Type Requested:

Cosmetologist Barber Nail Technician Esthetician Instructor

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

Signature

Date