MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

MASTER LICENSE RENEWAL FORM

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;
2. Color copy of the applicant's valid Mississippi license;
3. Proof of having successful completion of eight (8) hours continuing education at a Board approved course(s); and
4. Non-refundable $70.00 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:** _____

MSBCB Registration Number: _____ **Expiration Date:** _____

Master License Type Requested:

☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Esthetician

Name of salon/shop where you are employed:

_____

Salon/Shop mailing Address:

_____

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

_____ _____

Signature Date