# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## PRACTITIONER 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 practitioner license; and
3. Non-refundable $50.00 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)**

_____

**Physical Address:**

_____

**Mailing Address:**

_____

**Phone:** _____ **E-Mail:** _____

**DOB:** _____/_____/_____ **Social Security Number:** _____

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

**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: