



**MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING
CERTIFICATION REQUEST FORM**

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

- 1. Color copy of the applicant’s valid Mississippi license and
- 2. Non-refundable \$35.00 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: _____

MSBCB Registration Number: _____

Expiration Date: _____

License Type:

Cosmetologist Barber Nail Technician Esthetician

School Name and Address (where you completed program hours for licensure):

Name of salon/shop where you are employed:

Salon/Shop mailing Address:

Salon/Shop registration number: _____

Name of entity where Certification should be sent:

Address of entity where Certification should be sent:

Email address of entity where Certification should be sent:

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

Signature

Date