



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## SENIOR LICENSE RENEWAL FORM

This form may be used by a Mississippi licensee who is in good standing at is seventy (70) years old or older at the time of renewal.

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

1. Two (2) passport style color photograph taken within the last ninety (90) days of application date;
2. Government issued identification with proof of age; and
3. Color copy of the applicant's valid Mississippi practitioner license.

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:** \_\_\_\_\_

**Name of salon/shop where you are employed:**

\_\_\_\_\_

**Salon/Shop mailing Address:**

\_\_\_\_\_

**Salon/Shop Registration Number:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature

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