



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 License Number: _____

Expiration Date: _____

License Type:

Cosmetologist

Barber

Nail Technologist

Esthetician

Instructor

Establishment

School

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

Name of establishment where you are employed: (if employed)

Establishment mailing Address:

Establishment 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