



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

LICENSE APPLICATION FORM

Instructions: This form is required to be completed prior to the issuance of a license. This form may be completed only after the required exam is successfully passed. This form must be completed and accompanied by:

- two (2) passport style color photograph taken within the last ninety (90) days of application date and
- the non-refundable license fee* payable by check or money order in the amount of:
\$50.00 for practitioner licenses or
\$80.00 for instructor licenses.

*The license fee for practitioner licenses only is waived if you submit proof of your participation SNAP, Medicaid, WIC, and/or TANF.

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: _____

License Type Requested:

Cosmetologist
 Barber
 Nail Technician
 Esthetician
 Instructor

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

Signature

Date