



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING PRACTITIONER RENEWAL FORM

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. Certificate of completion of CE on Human Trafficking*;
3. Certificate of completion of CE on Domestic Violence*; and
4. Non-refundable \$50.00 fee payable by check or money order.**

*Must be submitted on or before July 1, 2029.

**If you are 70 years old or older, there is no fee for your license. Please provide proof of age.

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 Requested:

Cosmetologist

Barber

Nail Technician

Esthetician

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

Establishment mailing Address:

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

Signature

Date: