



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

Have you ever been convicted of a felony? Yes No

If yes, please complete a Fresh Start Act Consideration Request.

Are you requesting a “Master Continuing Education Designation” added to your practitioner license? Yes No

If yes, you must submit proof of eight (8) hours of Board approved continuing education within your license scope of practice.

If you hold more than one (1) practitioner license, please indicate which license to which you would like the designation added.

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: