



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING PRACTITIONER RENEWAL FORM

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

1. Two (2) 2x2 inch passport style color photograph taken within the last ninety (90) days of application date;
2. Color copy of the applicant's valid Mississippi practitioner license; and
3. Non-refundable \$50.00 fee payable by check or money order.

Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

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**Name: (First, Middle, Last)**

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**Physical Address:**

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**Mailing Address:**

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**Phone:**

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**E-Mail:**

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**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**MSBCB Registration Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**License Type Requested:**

Cosmetologist

Barber

Nail Technician

Esthetician

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

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**Salon/Shop mailing Address:**

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

\_\_\_\_\_  
Signature

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