

MISSISSIPPI STATE BOARD OF COSMETOLOGY  
P.O. BOX 55689  
JACKSON, MS 39296-5589  
Phone: (601)359-1820 www.msbc.state.ms.us Fax: (601)354-6639

**Duplicate Request Form**

**All applications and supporting documents must be submitted two (2) weeks prior to a Board meeting. Check website for dates.**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
street city county zip

Phone: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of Duplicate Requested: Cosmetologist Master Cosmetologist Manicurist Master Manicurist  
Esthetician Master Esthetician Instructor Salon School

Please provide statement of need for a duplicate license below:

I \_\_\_\_\_ am requesting a duplicate license for the purpose of  
name

Lost/Stolen  Not Received  Multiple Work Location(s)  Other \_\_\_\_\_

Please provide name and address of each salon/school location.

Salon/School: \_\_\_\_\_  
Name address city county zip

Salon/School: \_\_\_\_\_  
Name address city county zip

**I understand that a request for duplicate license shall be submitted in writing, on a form provided by the Board, to the Board office.**

**Applicants for a duplicate license shall submit two (2) forms of identification.**

**Acceptable forms of identification may be driver's license, government issued ID card, Social Security card, school ID card with photograph, voter registration card, U.S. military card, Native American tribal document, birth certificate, passport, certificate of U.S. citizenship, certificate of naturalization, valid (unexpired) temporary resident card or employment authorization card.**

**All applications and supporting documents must be submitted two (2) weeks prior to a Board meeting. Application will be reviewed for consideration by the Board. Upon review, the applicant will be notified of the Board's decision. Only one duplicate license shall be issued during a licensing period, unless extenuating circumstances are presented for which an appearance, may be requested.**

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

Office Use Only

Date of Board Review: \_\_\_\_\_ Approved Denied