

MISSISSIPPI STATE BOARD OF COSMETOLOGY  
P O BOX 55689  
JACKSON, MS 39296-5689  
601) 359-1820 FAX: 601) 354-6639

**REQUEST FOR INACTIVE LICENSE**  
Cosmetologist; Manicurist; Esthetician; Wig Specialist

This application must be completed, notarized and accompanied with a fee of \$15.00.

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Address: \_\_\_\_\_  
Street City State Zip Code

3. Social Security No.: \_\_\_\_\_

4. Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

5. I am not practicing due to the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Certify, that I have not practiced my profession for more than three (3) months during my last renewal period and I fully understand that I can not practice with an inactive license. I also understand that to activate my license again, I will need 8.0 hours of continuing education or evidence that I have been practicing in another state.

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

SWORN TO, SUBSCRIBED AND VERIFIED before me under oath, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ Year

\_\_\_\_\_  
**NOTARY PUBLIC**

(SEAL)

My Commission Expires:

**AGENCY USE ONLY**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AMOUNT RECEIVED

\_\_\_\_\_  
REGISTRATION #

\_\_\_\_\_  
EFFECTIVE DATE