MISSISSIPPI STATE BOARD OF COSMETOLOGY
P O BOX 55689
JACKSON MS 39296-5689
(601) 359-1820

APPLICATION FOR RETAKE EXAMINATION
Cosmetologist, Manicurist, Esthetician or Instructor

****PLEASE ATTACH PHOTO TO THIS NOTICE****
This application must be completed and sent back to our office.

Note: If over one year has lapsed since completion of your training, you **may not** be eligible for re-examination at this time. ***Please contact board office for information (601) 359-1820.***

I hereby make application for examination:

Exam Type (circle): Written or Practical

1. Name_____
Last First Middle

2. Address_____
Street

_____
City State Zip Code

3. Social Security No._____Last exam date:_____

Signature:_____ Date:_____