

Mississippi State Board of Cosmetology

P.O. Box 55689

Jackson, MS 39296

Phone: 601-359-1846 website: www.msbc.state.ms.us

Fax: 601-354-6639

**CERTIFICATION REQUEST FORM****Please print or type.** *Incomplete forms will cause processing delays.*Complete and submit with \$15.00 check, cashier check, or money order. **FEES ARE NON-REFUNDABLE.**

The Board is able to certify only the information currently in its files.

\_\_\_\_\_  
NAME\_\_\_\_\_  
DATE\_\_\_\_\_  
MAILING ADDRESS\_\_\_\_\_  
PHONE #\_\_\_\_\_  
CITY

STATE

ZIP

\_\_\_\_\_  
SOCIAL SECURITY #

The state to which the certification should be sent is: \_\_\_\_\_

**PERSONAL LICENSE CERTIFICATION**If you have more than one type of license and want them all certified, you must provide a separate form and fee for each license.

If you are or were licensed in Mississippi, complete the following information:

Registration number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name as printed on the license: \_\_\_\_\_

YOUR SIGNATURE HERE: \_\_\_\_\_

**SCHOOL HOURS CERTIFICATION**

If you were never licensed in Mississippi, but earned hours in Mississippi and need those student hours certified, complete the following information:

List additional schools on reverse; provide all information for **every** school. (mm\dd\yy)**SCHOOL INFORMATION:**

Date of Attendance: Start: \_\_\_\_\_ Ended: \_\_\_\_\_

Name used while in school: \_\_\_\_\_

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

**CURRICULUM STUDIED:** Cosmetology \_\_\_\_\_ Manicuring \_\_\_\_\_ Esthetics \_\_\_\_\_ Instructor \_\_\_\_\_