

MISSISSIPPI STATE BOARD OF COSMETOLOGY

**Post Office Box 55689
Jackson, MS 39296-5589**

(601) 359-1820 Phone

(601) 354-6639 Fax

www.msbc.ms.gov

DUPLICATE REQUEST FORM

\$10.00 Fee

Applicant Name	
Current Address	
Phone	

Type of Duplicate Requested (Select One):

Cosmetologist	Master Cosmetologist	Manicurist
Master Manicurist	Esthetician	Master Esthetician
Instructor	Salon	School

Registration Number		Expiration Date	
---------------------	--	-----------------	--

If requesting Salon or School, please provide the name and address of location. A separate form must be completed for each license.

Salon/School Name	
Address	
County	

Requesting duplicate license for the purpose of (Select One):

Lost/Stolen	Not Received	Multiple Work Locations	Other (Please specify)
-------------	--------------	-------------------------	------------------------

Please 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 travel document, birth certificate, passport, certificate of U.S. citizenship, certificate of naturalization, valid (unexpired) temporary resident card or employment authorization card.

Please note that only one duplicate license shall be issued during a licensing period, unless extenuating circumstances are presented which must be approved.

Signature

Date