**CERTIFICATION REQUEST FORM**

MS State Board of Cosmetology

Post Office Box 55689

Jackson, MS. 39296

$15 PROCESSING FEE

(Check, Cashier’s Check or Money Order)

Fees are Non-Refundable

**The Board is able to certify only the information currently on record at MSBC.**

|  |  |
| --- | --- |
| Name |  |
| Mailing Address |  |
| Phone Number |  |
| Social Security Number |  |
| Email Address  You will receive email confirmation that the certification has been sent. |  |
| State to which the certification should be sent: |  |

**Personal License Certification**

If you have more than one type of license and wanted them all certified, you must provide a separate form and fee for each license.

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

|  |  |
| --- | --- |
| Registration Number: | Expiration Date: |
| Name as printed on license: | |

**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.

|  |  |  |
| --- | --- | --- |
| Date of Attendance (mm/dd/yy) | Start | Ended |
| Name Used While in School |  | |
| School Name |  | |
| School Address |  | |
| Curriculum Studied  Cosmo / Man / Esth / Inst |  | |

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Signature Date