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| **MISSISSIPPI STATE BOARD OF COSMETOLOGY****Post Office Box 55689****Jackson, MS 39296-5589** |
| (601) 359-1820 Phone(601) 354-6639 Faxwww.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.

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**Signature Date**