**INACTIVE LICENSE REQUEST**

Mississippi State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

(601) 359-1820

This application must be completed, notarized and accompanied with a fee of $15.00.

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| --- |
| **LICENSEE INFORMATION** |
| Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Social Security Number |  |
| Registration Number |  |
| Expiration Date |  |

I am not practicing due to the following reason:

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have not practiced my profession for more than three (3) months during my last renewal period and I fully understand that I cannot practice with an inactive license. I also understand that to activate my license again, I will need eight (8) hours of continuing education or evidence that I have been practicing in another state.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

SWORN TO, SUBSCRIBED AND VERIFIED before me under oath, this the \_\_\_\_\_ day os \_\_\_\_\_\_\_\_\_, 20\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public