**INACTIVE LICENSE REQUEST**

Mississippi State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

(601) 359-1820

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

|  |  |
| --- | --- |
| **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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Signature Date