**SUBSTITUTE RENEWAL FORM APPLICATION**

Mississippi State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

(601) 359-1820

In the event you have misplaced your renewal form, please complete the following:

|  |  |
| --- | --- |
| **PRACTITIONER** | |
| Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Registration Number |  |
| Expiration Date |  |

|  |  |
| --- | --- |
| **SALON** | |
| Salon Name |  |
| Salon Address |  |
| City/State/Zip |  |
| Phone |  |
| Registration Number |  |
| Expiration Date |  |