**DEMONSTRATOR’S PERMIT APPLICATION**

Mississippi State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

(601) 359-1820

Demonstrator’s Permit Fee  
$10.00

I hereby make application for a Demonstrator’s Permit, to act in the capacity of a demonstrator only.

|  |  |
| --- | --- |
| **DEMONSTRATOR INFORMATION** | |
| Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Email Address |  |

I will be demonstrating:

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|  |
|  |

for (Company Name)

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|  |

at (School or Location)

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Signature Date

**The Board of Cosmetology reserves the right to require further information on an application at any time.**