## **CERTIFICATION REQUEST FORM**

MS State Board of Cosmetology Post Office Box 55689 Jackson, MS. 39296 \$15 PROCESSING FEE (Check, Cashier's Check or Money Order) Fees are Non-Refundable

The Board is able to certify only the information currently on record at MSBC.

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Personal License Certification	-			
If you have more than one type	of license and w	vanted them all o	certified, you must provide a	
separate form and fee for each			•	
Name				
Mailing Address				
Phone Number				
Social Security Number				
Date of Birth:				
Email Address  You will receive email confirmation that the certification has been sent.				
State to which the certification	1			
should be sent:				
If you are or were licensed in M	ississippi, please	complete the fo	ollowing:	
Registration Number:		Expiration Date	e:	
Name as printed on license:				
School Hours Certification				
If you were never licensed in Mi	ississippi, but ea	rned hours in Mi	ississippi and need those	
student hours certified, comple	te the following	information:		
List additional schools on revers	e; provide all in	formation for ev	ery school.	
Date of Attendance (mm/dd/yy)	Start		Ended	
Name Used While in School				
School Name				
School Address				
Curriculum Studied				
Cosmo / Man / Esth / Inst				
Signature		Date		