



SUBSTITUTE RENEWAL FORM APPLICATION

Mississippi State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

(601) 359-1820

Use this form if you have misplaced your practitioner or salon renewal form.

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

Please tape passport photos in the area provided below:



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