



## MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

### FRESH START REQUEST

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The “Fresh Start Act” (MISS. CODE ANN. § 73-77-1 *et seq.*) allows an individual with a criminal record to petition, at any time, for a determination of whether the individual’s criminal history disqualifies the individual from obtaining a license. Any determination by the MSBCB is limited to the information provided by you. This form is not an application for a license issued by the Mississippi State Board of Cosmetology and Barbering (MSBCB). Any Fresh Start Request determination by the MSBCB does not guarantee or otherwise imply that your future application for licensure will be granted or denied.

This form must be completed and mailed to MSBCB, Post Office Box 55689, Jackson, MS 3296-5689.

#### **SECTION 1: Petitioner Information**

<b>Full Name:</b>	
<b>Social Security Number:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

**SECTION II: Self-Disclosure of Criminal History**

Provide a complete criminal history by listing a description of all criminal offenses and convictions, including the date of the offense. Attach any additional pages if more space is needed. If you were convicted, but the charge was set aside or expunged, please note.

You must include documentation of the action taken for each offense. You may include information of rehabilitation or signed statements of character witnesses.

<b>Date of Offense</b>	<b>Criminal Offense(s)</b>	<b>Action Taken (attach certified court orders, dispositions, docket sheets, etc.)</b>	<b>Expunged (attach a certified copy of expungement)</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
			<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

Are you currently on probation?  YES     NO

Are you currently on parole?  YES     NO

**Section III: Signature**

By submitting and signing this request, I agree to have this matter reviewed by the Board such that a determination may be made. I understand that the information provided on this request may be released pursuant to a public records request, discussed in an open meeting before the Board, and may be shared with other licensing boards (in and out-of-state) and the public.

I understand that any determination made by the Board related to this request is based solely on information I have provided, and that the Board is relying on my complete, truthful and accurate reporting of my criminal history.

By signing this form, I certify, under penalty of law, that the statements made in this request are true, correct, and complete to the best of my knowledge and belief. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

STATE OF MISSISSIPPI

**COUNTY OF** \_\_\_\_\_

**Sworn to, and subscribed before me, this the** \_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
**NOTARY PUBLIC**

**My Commission Expires:**

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