



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

UNIVERSAL APPLICATION

Applicants for a Mississippi license who have (1) held a license issued by another state or US Territory for at least one (1) year and (2) established residency in Mississippi may complete this application to sit for the Mississippi Law and Sanitation Examination.

Instructions: This form must be completed and accompanied by the following attachments:

1. 2x2 inch passport style color photograph taken within the last ninety (90) days of application date;
2. Two (2) current forms of identification of which at least one (1) must be a government issued identification with photograph;
3. A color copy of the applicant's current and valid, out-of-state (or US Territory) practitioner or instructor license;
4. Certified letter/Certification/Verification/Affidavit with proof of good standing from the out-of-state's (or US Territory) licensing board;
5. Proof of Mississippi residency*; and
6. Non-refundable \$55.00 fee payable by check or money order.

Name: (First, Middle, Last)

Physical Address:

Mailing Address:

Phone:

E-Mail:

DOB: ____/____/____

Social Security Number: _____

License Held (both current and former):

State/US Territory	License Type	License Number	Issue Date	Active/Expired

For professional licenses held in any state or US Territory, has your license ever been the subject of a complaint?

Yes No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever been subject to discipline?

Yes No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever had a license revoked or suspended?

Yes No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory, have you ever surrendered a license?

Yes No

If yes, please explain. You may use additional pages if necessary.

Have you ever been convicted of a felony? Yes No

If yes, please complete a Fresh Start Act Consideration Request.

License Type Requested:

Cosmetologist Barber Nail Technician Esthetician
 Instructor – Cosmetology Instructor – Barber
 Instructor – Nail Technician Instructor – Esthetician

Exam Language:

English Spanish Vietnamese

Name of salon/shop where you will work after licensure:

Salon/Shop mailing Address:

Salon/Shop where you will work license number: _____

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signature

Date

* The MSBCB accepts the following documents to verify Mississippi residency:

- Current State of Mississippi Issued Identification Card
- Current State of Mississippi Issued Driver's License Card
- Current Mississippi Residential Utility Bill with bearing the Applicant's Name and Address
- Documentation of Current Ownership or Current Lease of a Residence in Mississippi
- Documentation of Current In-State Employment or Notarized Letter of Promise of Employment