



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

APPLICATION TO TEST FOR PRACTICIONER RECIPROCITY

Instructions: This form must be completed and accompanied by the following attachments before the applicant may sit for either the theory or practical exam:

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. Color copy of all licenses held to practice a profession regulated by this Board in any other state or US Territory;
4. Certified letter/Certification/Verification/Affidavit of active practice and good standing from the Board in all state(s) and/or US Territory where the applicant holds a license to practice a profession regulated by this Board; and
5. Non-refundable \$55.00 application fee payable by check or money order.

Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

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, and include the outcome of the complaint with dates. 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 denied or rejected for a professional license by any state or US Territory?

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

Exam Language:

English Spanish Vietnamese

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

Salon/Shop mailing Address:

License number of salon/shop where you will work: _____

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

Signature _____ Date _____