



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## UNIVERSAL APPLICATION

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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:

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

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

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**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.**

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**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.**

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**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.**

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**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.**

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**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:**

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**Salon/Shop mailing Address:**

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**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 recommends submitting a Social Security Card as the second form of identification.

\*\* 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