



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

APPLICATION TO TEST FOR CROSSOVER LICENSE

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

1. Two (2) 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 the applicant's valid Mississippi practitioner license;
4. Certified transcript demonstrating successful completion, meaning obtaining a passing grade of 70 at minimum and the minimum hours requirements as per Rule 5.2 for the license desired; and
5. Non-refundable \$25.00 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: _____

Current Mississippi License Type: _____

Mississippi Registration Number: _____

Education:

Name and Address: High School/GED

Date of Graduation/GED Certificate: _____

For Current License - Name and Address of Cosmetology/Barbering/Nail Technology/Esthetics School or Program:

Date of Completion: _____

For Requested License - Name and Address of Cosmetology/Barbering/Nail Technology/Esthetics School or Program:

Date of Completion: _____

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

Exam Language:

☐ English ☐ Spanish ☐ Vietnamese

Name of salon/shop where you are employed:

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