

MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING APPLICATION 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. 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 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

Physical Ac	ddress:			
Mailing Ad	dress:			
Phone:		E-Mail:		
DOB:	_//	Social Securi	ity Number:	
License He	eld (both current and	d former):		
State/US	License Type	License	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 reject Territory?	cted for a professional license by any state or US			
Yes No				
If yes, please explain. You may use	e additional pages if necessary.			
Have you ever been convicted of a If yes, please complete a Fresh S				
License Type Requested:				
Cosmetologist Bark	ber Nail Technician Esthetician			
Exam Language: English Spanish	Vietnamese			
Name of salon/shop where you wil	ll work after licensure:			
Salon/Shop mailing Address:				
License number of salon/shop who	ere you will work:			
I certify, under penalty of perjury, that t	he foregoing is true and correct to the best of my knowledge.			
Signature	Date			