



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## REMOVAL OF INACTIVE LICENSURE STATUS REQUEST FORM

This form may be used by a Mississippi licensed whose license is in an inactive status and the applicant wants to move the license to an active status so the licensee may practice under the license.

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

1. Two (2) 2x2 inch passport style color photograph taken within the last ninety (90) days of application date;
2. Proof of successful completion of:
  - a. five (5) hours of continuing education if the license was inactive for no more than three (3) years; or
  - b. ten (10) hours of continuing education if the license was inactive for three (3) to seven (7) years; or
  - c. fifteen (15) hours of continuing education if the license was inactive for seven (7) or more years;
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. Non-refundable \$15.00 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)**

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**Physical Address:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**E-Mail:**

\_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Mississippi Registration 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.

**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: