



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

APPLICATION FOR PRACTITIONER RECIPROCITY

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

1. Two (2) 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

