



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

APPLICATION FOR STUDENT PERMIT

This application is available for individuals who have completed an Application to Test for Practitioner License or Application to Test for Instructor License.

Instructions: This form must be completed and accompanied by two (2) current forms of identification of which at least one (1) must be a government issued identification with photograph.

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: _____

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

Name and address of salon/shop where you will work:

License number of salon/shop where you will work: _____

Name and License Number of Mississippi Licensed Supervisor:

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signature

Date