



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## APPLICATION TO TEST FOR PRACTITIONER LICENSE

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

1. Two (2) current forms of identification of which at least one (1) must be a government issued identification with photograph;
2. Proof of successful completion of 10<sup>th</sup> grade\*;
3. 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
4. Non-refundable \$25.00 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:**

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**Mailing Address:**

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**Phone:**

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**E-Mail:**

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

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

**Have you completed 10<sup>th</sup> grade?**

Yes

No

**Date of completion:** \_\_\_\_\_

**Please list the school's name and address.**

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**Name and Address of Cosmetology/Barbering/Nail Technology/Esthetics School or Program:**

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**Date of Completion:** \_\_\_\_\_

**Did you Participate in a Cross-Over Curriculum?** (cosmetology/barber applicants only)

Yes       No

If yes, attach a color copy of your MS practitioner license. You are not required to attach proof of successful completion of 10<sup>th</sup> grade.

**Have you ever held a Mississippi Cosmetology, Barber, Nail Technician, and/or Esthetician license?**  Yes       No

**If yes, please list the license type, license number, and expiration date of each Mississippi license.**

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If yes, attach a color copy of each Mississippi license. You will not be required to attach proof of successful completion of the 10<sup>th</sup> grade and will not be required to produce a transcript of program completion. (items number 2 & 3 from page 1).

**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

**Exam Language:**

English       Spanish       Vietnamese

**Name of salon/shop where you will work after licensure:**

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**Salon/Shop mailing Address:**

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**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.

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Signature

Date

\*A testing candidate may prove completion of 10<sup>th</sup> grade by submitting a transcript, high school diploma, GED Certificate, college transcript, and/or college diploma.