



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## MILITARY APPLICATION

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This application is available for active members of the military, spouses, and/or dependents of an active member of the military who have held a license issued by another state/US Territory/US Military for at least one (1) year. There is no fee for this application.

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

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. 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. Proof of active membership in the military OR proof of marriage or dependency on an active member of the Military.

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:** \_\_\_\_\_

**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 or US Military, 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.**

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**For professional licenses held in any state or US Territory or US Military, 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 or US Military, 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 or US Military, 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 denied a professional license by any state or US Territory or US Military?**

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.

**License Type Requested:**

Cosmetologist       Barber       Nail Technician       Esthetician       Instructor

**Name of salon/shop where you will work after licensure:** (if employed)

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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

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Date