



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

REMOVAL OF INACTIVE LICENSURE STATUS FORM

This form may be used by a Mississippi practitioner or instructor licensee whose license is in an inactive status. Use this form to move your inactive license to an active status so you may practice in Mississippi using the license.

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. Instructor Licensee ONLY: Proof of successful completion of twelve (12) hours of continuing education;
3. A color copy of the applicant's current and valid, out-of-state (or US Territory) practitioner or instructor license (if any);
4. Certified letter/Certification/Verification/Affidavit with proof of good standing from the out-of-state's (or US Territory) licensing board (if applicable);
5. Non-refundable \$15.00 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: _____

Mississippi License 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.

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

If yes, please explain. You may use additional pages if necessary.

Have you ever been convicted of a felony? Yes No
If yes, please complete a Fresh Start Act Consideration Request.

Name of establishment where you will work after licensure: (if working)

Establishment mailing Address:

Establishment 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: